

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space. **37**
54
711
36731
File No. _____
Registered No. **4750** Ward

1. PLACE OF DEATH **18 1937**
County Jackson Registration District No. 399
Township _____ Primary Registration District No. 1002
City Kans City (No. Research Hosp.) St. Mo. Ward _____

2. FULL NAME Jaquet, Golda
(a) Residence, No. Research Hospital St. _____ Ward. Wamego; Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Jaquet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 07-1881

7. AGE YEARS 56 MONTHS 0 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans

MOTHER FATHER

13. NAME Frank Jaquet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wamego Ka DATE oct. 16 1937

19. UNDERTAKER (ADDRESS) R A Fulton
Kc.

20. FILED 10-17-1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937, to October 16, 1937
I last saw her alive on October 16, 1937. Death is said to have occurred on the date stated above, at 8:10 P. m.
The principal cause of death and related causes of importance were as follows:

Brain tumor meningioma (slowly malignant) 53 **Date of onset** 10 yrs? (Main symptoms since March 1937)

Other contributory causes of importance:
Cerebral edema & intracranial compression Oct. 15, 1937

Name of operation Cranotomy, fixation of tumor **Date of** Oct. 15, 1937
What test confirmed diagnosis? Op. on tumor **Was there an autopsy?** No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ **Date of injury** _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Frank R. Zeachner, M. D.
(Address) 730 Professional Bldg, Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

