

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

NOV 18 1937

Do not use this space.

1. PLACE OF DEATH

County *Jackson*

Registration District No. *399*

Township

Primary Registration District No. *1002*

City

Kansas City (No. *1008 Highland*)

File No. *36883*

Registered No. *4082183*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1008 Highland* St. _____ Ward _____

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female Colored Widow

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

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

Unknown, 1867

AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

About 70

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.

At Home

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)

Ky.

13. NAME

Willie Wright

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

Unknown

15. MAIDEN NAME

Amanda

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

Unknown

17. INFORMANT

(ADDRESS)

Alie Beames 507 1/2 Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Westlawn Cemetery Oct 26 1937

19. UNDERTAKER (ADDRESS)

Nathan W. Spatcher 1620 N. 5th St

20. FILED

Oct 26 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from *Mar 20 1937* to *Oct 18 1937*

I last saw her alive on *Oct 18 1937*. Death is said to have occurred on the date stated above, at *8:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Breast.
50

Other contributory causes of importance:

Tubercia

Name of operation

none

Date of _____

What test confirmed diagnosis? *clinical* 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?

If so, specify _____

(Signed) *Low. M. Tillman* M. D.

(Address) *1618 Lydia*

Ke me

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.

2
3
31

