

DEC 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Independence  
City Independence (No. ....) St. .... Ward)

Registration District No. 398  
Primary Registration District No. 3019

File No. 41465  
Registered No. 373

## 2. FULL NAME

(a) Residence No. 301 W. White Oak St. 1st Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry Perrin Childs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1888

7. AGE YEARS 49 MONTHS 1 DAYS 2 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Lee's Summit, Mo.

13. NAME John J. Ragan

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Jackson Co., Mo.

15. MAIDEN NAME Susan Amanda Warren

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Lafayette Co. Mo.

17. INFORMANT (ADDRESS) John H. Childs  
301 W. White Oak St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Nov 18 1937

19. UNDERTAKER (ADDRESS) Ott + Mitchell  
Independence, Mo.

20. FILED 11-19-37 J. L. Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to Nov 16, 1937  
I last saw her alive on Nov 16, 1937. Death is said

to have occurred on the date stated above, at noon.

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

Carcinoma head of Paucal Date of onset unknown

Other contributory causes of importance: 40

Name of operation ly. resection March 1937 Date of

What test confirmed diagnosis? diagonal Was there an autopsy? yes

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) George T. Twyman, M. D.

(Address) Independence, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

