

REC'D MAR 14 1938

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

Do not use this space.

5740
806

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kay Primary Registration District No. 1002
City Kansas City (No. 5740 Wabash)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Dorothy Marie Piepenbring 151

(a) Residence, No. 5740 Wabash St. _____ Ward _____
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Otto Piepenbring</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7, 1869</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	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 _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1928 to Feb 16, 1938

I last saw her alive on Feb 14, 1938 Death is said to have occurred on the date stated above, at _____ m. 10:30

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

Carcinoma papillary, cystic of abdomen, sigmoid site, omentum
obst ovaries
Date of onset Dec 1936

Other contributory causes of importance:

Name of operation Gastrectomy & splenectomy bilat Date of May 1937
What test confirmed diagnosis? Lat 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) W. F. Leuberton, M. D.

(Address) 505 Professional Bldg

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>John Hayden</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>
	15. MAIDEN NAME <u>Wink</u> <u>Keyes</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>
	17. INFORMANT <u>Otto Piepenbring (Husband)</u> (ADDRESS) <u>5740 Wabash, Kansas City, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City, Mo.</u> DATE <u>Feby. 18</u> , 19 <u>38</u>	
19. UNDERTAKER <u>Stine & McClure</u> (ADDRESS) <u>Kansas City, Missouri.</u>	
20. FILED <u>2/17</u> , 19 <u>38</u> <u>M. M. Browne</u> Registrar.	

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.

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Brady Hall. U14420
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