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.

REC'D JUN 9 1938

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

Do not use this space.

17402

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2099

City Kansas City, Mo. (No. 314 Cypress St. Ward)

2. FULL NAME Mrs. Dora E. Crowl 640

(a) Residence, No. 314 Cypress 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 F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1862

7. AGE YEARS 76 MONTHS 2 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. None

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 9

FATHER

13. NAME Thomas McCollum 9

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Ennez Edwards, 314 Cypress, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Osawatomie, Ks. DATE May 22-38 19

19. UNDERTAKER (ADDRESS) C.H.Blackman & Son, Inc. 2825 Indep.Blvd. K.C.Mo.

20. FILED May 21 1938 M. M. Enome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Summer, 1936, to 5-19, 1938

I last saw her alive on 5-19, 1938 Death is said to have occurred on the date stated above, at 11 05 p.m.

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

	Date of onset
Gastric Carcinoma	1935
metastasis nodes in liver & peritoneal lymph nodes	46

Other contributory causes of importance:

Gastric carcinoma	1935

Name of operation no Date of

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 no

(Signed) N. C. Speer, M. D.

(Address) 3204 Coleman K.C. Mo.