

REC'D JUL 12 1938

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

Do not use this space.

21117

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City (No. 619 E. 13) St. _____ Ward _____

File No. _____

Registered No. 25672. FULL NAME Mrs. Minna Ann Ralston 423

(a) Residence, No. 2812 N. 26 St. _____ Ward. K. C. Kanis
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 10 23

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) Milland Mo 013. NAME Franklin Bourke 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine 415. MAIDEN NAME Sarah Gibson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT Mrs. M. Blackwell
(ADDRESS) 2812 N. 26 K.C.K.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park K.C.K. 6/27/3819. UNDERTAKER R.A. Fulton Funeral Home
(ADDRESS) Kansas City, Kansas20. FILED June 26, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 193822. I HEREBY CERTIFY That I attended deceased from June 10 1938 to June 25 1938I last saw him alive on June 24 1938 Death is saidto have occurred on the date stated above, at 8:30 AM

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

Cancer of head of pancreas
4/6

Other contributory causes of importance:

Name of operation None Date of _____

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

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) E. S. Williams M. D.(Address) Kansas City, MoE. S. Williams - Physician

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.

