

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.

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

Do not use this space.

JUL 14 1938

21346

1. PLACE OF DEATH
 County Buchanan Registration District No. 100
 Township St. Joseph Primary Registration District No. 100
 City St. Joseph (No. 1819 Angelique) St. 222 Ward 600

2. FULL NAME Flora McKissick
 (a) Residence, No. 1819 Angelique St. 222 Ward 600
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/4/165

7. AGE YEARS 72 MONTHS 10 DAYS 3 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. Own 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) Marchfield, (STATE OR COUNTRY) Missouri.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Rufus McKissick (ADDRESS) 1819 Angelique

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE 6/9/38

19. UNDERTAKER Graves Funeral Home. (ADDRESS) 806 S. 17th St.

20. FILED 6/9 19 38 A. J. Matthews Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1938

22. I HEREBY CERTIFY That I attended deceased from 3-14-38 to 6-7-38
 I last saw her alive on 5-31-38 1938 Death is said to have occurred on the date stated above, at 5 A m.
 The principal cause of death and related causes of importance were as follows:
uterine Carcinoma
H.S.
 Date of onset unknown

Other contributory causes of importance: none

Name of operation..... 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? no
 If so, specify.....
 (Signed) Fenton J. Landman, M. D.
 (Address) 216 1/2 W. No. Ave

