

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every cause of death should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

REC'D NOV 21 1938

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

Do not use this space.

34637
5202

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City, Mo. - St. Joseph Hosp.

File No. _____
Registered No. 3973
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lane, Kansas St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 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>J. F. Sneed.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31 - 1874</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>4</u>	DAYS <u>11 days</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</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) Oct 11 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9 1938 to Oct 11 1938
I last saw him/her alive on Oct 11 1938 Death is said to have occurred on the date stated above, at 7:20 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of bile ducts 46%
Date of onset _____

Other contributory causes of importance: _____

Name of operation Laparotomy Date of Oct 8 38
What test confirmed diagnosis? _____ 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) J. H. Crow, M. D.
(Address) 136 1/2 W. 12th St. Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lane Kansas</u>
	13. NAME <u>J. H. Bones</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Iowa</u>
	15. MAIDEN NAME <u>Sarah Jane Wallace</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Iowa</u>
	17. INFORMANT (ADDRESS) <u>J. F. Sneed Lane Kansas</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trueter Ch. DATE 10-13 1938</u>
	19. UNDERTAKER (ADDRESS) <u>Eddy & Son, Osage Co.</u>
20. FILED <u>Oct 11, 1938 m.m. Crow</u> Registrar.	

