REC'D NOV 21 1938

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

Do not use this space.

34727

File No.
Registered No. 40653

1. PLACE OF DEATH
County Jackson County Registration District No. 399
Township Kansas City Primary Registration District No. 002
City Mo. (No. 5331 Highland Ave. St. Ward)

2. FULL NAME Marie Santerre
(a) Residence, No. 5331 Highland Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	2	15	

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

12. BIRTHPLACE (CITY OR TOWN) St. Alexandre (STATE OR COUNTRY) Canada

FATHER
13. NAME Tyriaque Santerre
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No RECORD

MOTHER
15. MAIDEN NAME Anastasia Raymond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No RECORD

17. INFORMANT Sister Carroll
(ADDRESS) 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. CALVARY DATE 10/18/38, 19

19. UNDERTAKER BURK AND TOBIN CO.
(ADDRESS) KANSAS CITY, MO.

20. FILED Oct 18, 1938 M. M. Crane
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1936 to Oct. 15, 1938
I last saw h. alive on Oct. 13, 1938 Death is said to have occurred on the date stated above, at 9.15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	46
	3 months

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Paul V. O'Rourke, M. D.
(Address) 1402 Bryant Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.