

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

Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshlp Ray Primary Registration District No. 1902
 City K.C. Mo. (No. St. Mary Hospital)

File No. 17508
 Registered No. 1910
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 12 Cherokee St., Ward. Kansas City, Mo.
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1914
 7. AGE YEARS 24 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bakery Work
 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) (STATE OR COUNTRY) St. Joseph Mo.
 13. NAME D. C. Hart
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Olive E. Hart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mr. Chas. Winterkotten
 (ADDRESS) K.C. Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE 5-9 1939

19. UNDERTAKER Floyd Peppelhus
 (ADDRESS) Olath, Kansas

20. FILED May 7 1939
M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1939, to 5-7, 1939.
 I last saw her alive on 5-7, 1939. Death is said

to have occurred on the date stated above, at 4:05 a.m.
 The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction (adhesions from previous operation) (about 5 yd. of N. Th. S.)
and associated pyloric spasm
mitraltic lung disease
 Other contributory causes of importance: _____

Name of operation Intestinal obstruction Date of onset 4/11/39
 What test confirmed diagnosis? biopsy 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?
 If so, specify _____
 (Signed) C. S. Neighbor, M. D.
 (Address) 3118 Strong Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-11 (3-33) U. S. GOV. 2

