

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

Do not use this space.

31197

File No. 3692
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 000
Township Jean Primary Registration District No. 1004
City Kansas City (No. KC General Hosp)

2. FULL NAME

Ida Sheet
(a) Residence, No. 2305 Astor St. 11 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 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

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 14/1891</u>		
7. AGE YEARS <u>40 29</u>	MONTHS	DAYS <u>21</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indef. Mo.</u>		
FATHER	13. NAME <u>W.F. Street</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Holdsworth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Reverend Clerk</u> (ADDRESS) <u>KC Gen Hosp KC Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Zion</u> DATE <u>Sept 4 1931</u>		
19. UNDERTAKER <u>Att and Mitchell</u> (ADDRESS) <u>Indef. Mo</u>		
20. FILED <u>9-3-31</u> <u>M. M. Conroy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1931, to 9-2, 1931
I last saw her alive on 9-2, 1931 Death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:
Ovarian cyst (Non-malignant)
1390 135H
Date of onset _____
Other contributory causes of importance:
Post operative shock

Name of operation Removal of cyst 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? no
If so, specify _____
(Signed) P. E. Williams, M. D.
(Address) Sup't KC Gen Hosp, KC Mo

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.

