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. 41112

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5101
Township Kaw — Primary Registration District No. 1009 — Registered No.
City Kansas City Mo. (No. St. Lukes Hosp. St. Ward)

2. FULL NAME Mrs Mary Southers
(a) Residence, No. ~~St Lukes~~ ~~Hosp~~ Ward. Stillwell Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. 10 days 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1895

7. AGE YEARS 36 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
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) Do not Know

FATHER
13. NAME do not Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mok.

MOTHER
15. MAIDEN NAME Do not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not Know

17. INFORMANT (ADDRESS) Record

18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Hill Ks DATE Dec 26, 1931

19. UNDERTAKER (ADDRESS) P. O. Coowe Spring Hill Kansas

20. FILED 12/26, 1931 M. M. Coowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1931, to 12/26, 1931
I last saw her alive on 12/26, 1931. Death is said to have occurred on the date stated above, at 1 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction from Fecalyth	12/5/31
1 EGB	
1 EG	
Other contributory causes of importance: Peritonitis, Post Operative	12/25/31
Ilius	

Name of operation Laparotomy Date of
What test confirmed diagnosis? Gross Inspection 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) [illegible], M. D.
(Address) St. Lukes Hospital