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

Do not use this space.

976

File No. 14

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 3

Township Kaw — Primary Registration District No. 1002

City K.C. Mo (No. 4327 Cypress St. Ward)

2. FULL NAME Delila E. Cline

(a) Residence. No. 4237 Cypress St., 16 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fe	W.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	6	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bethany
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Lowery Willis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bethny
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) unknown 31

14. INFORMANT Abbie Van Gilder
(Address) 2201 E 38th

15. FILED Jan 4th 1932 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 3, 1932, that I last saw her alive on Jan 1, 1932, and that death occurred, on the date stated above, at 10.34 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Sigmoid
46C
93C
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John R. Lewis, M. D.
Jan. 4, 1932 (Address) 3546 Indiana

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hugoton Kansas.	Jan 6 1932
20. UNDERTAKER	ADDRESS
Rose & Henderson	158 Jackson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] important.

Dr Lewis Zim 0731
Ind. 3548 Ind.