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

Do not use this space.

1342

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. 380

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. Senate Apartment Hotel St. Ward)

2. FULL NAME Harriet Vernon 6

(a) Residence. No. Senate Apartment Hotel 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 2, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	11	28 ~~10~~	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin 2

PARENTS

10. NAME OF FATHER William T. Fish

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England 8

12. MAIDEN NAME OF MOTHER Unk Wormby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs. Elizabeth Amelung
(Address) 916 West 33rd St.

15. FILED Jan 31, 1932 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 30, 1932

17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Jan 30, 1932 that I last saw her alive on 1, 19..., and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma (Sabio-vaginal)
49B
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary gradual
(duration) 2 yrs. mos. ds.

49

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF (1)
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. O. Chambers M. D.
1/31, 1932 (Address) 1025 Rialto

*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 Madison, Wisconsin — DATE OF BURIAL Jany 31 1932

20. UNDERTAKER Shiney McClure — ADDRESS 3235 Gillham Plaza

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.

THIS IS A PERMANENT RECORD

Dr. J. D. Chambers
36 " 4