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.

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

Do not use this space.

NOV 13 1934

File No. 36008

Registered No. 4509

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township KAW Primary Registration District No. 1002

City KANSAS CITY (No. LAKESIDE HOSPITAL St. Ward)

2. FULL NAME MRS. VETCHA ZICK FENTON

(a) Residence, No. 4919 WALRND St., 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: 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 BENN FOSTER FENTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-5-1867

7. AGE: YEARS 67 MONTHS 5 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 930

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) CENTRALIA ILLINOIS

FATHER

13. NAME BERNARD ZICK, SR.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME MARY KRITER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. ROGER DE WITT
(ADDRESS) 400 EAST ARMOUR BLVD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE PLEASANT HILL, MO DATE OCT-10 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Oct 9 1934 M. M. Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 8 1934

22. I HEREBY CERTIFY, That I attended deceased from 6 am Oct 8th 1934 to 4:55 pm Oct 8th 1934

I last saw her alive on Oct 8th 1934 Death is said to have occurred on the date stated above, at 4:55 P.m.

The principal cause of death and related causes of importance were as follows:

Uremia + Chronic (Brights) Nephritis + chronic Myocarditis + Chronic Cardiac Asthma of 4 years standing + Cerebral Uremia cause developed about 1 week ago.

Date of onset

Other contributory causes of importance:

(Lack of treatment due to Christian Science Belief)

Name of operation None Date of

What test confirmed diagnosis? Clin. 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) Dr. Alfred E. Linwill M.D.

(Address) 612 Chambers Bldg. K.C. Mo.

Rev. Alfred C. Zinnville
612 Chambers Bldg
11-5:30