

OCT 22 1935

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

Do not use this space.

29533

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Yates Primary Registration District No. 1007
City Keams City (No. 2 C General Hosp) St. _____ Ward _____

2. FULL NAME

Gertrude D. Dornen
(a) Residence, No. 1737 Summit St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 11 16

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

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) Mo

13. NAME George True

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

15. MAIDEN NAME Bill Chasman

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

17. INFORMANT Reinal Clark
(ADDRESS) 12 C Gen Hosp Keams

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 1935

19. UNDERTAKER J. W. Newcomer's Sons
(ADDRESS) 211 E. 7th

20. FILED Sept 12, 1935 M. M. Lorne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-35

22. I HEREBY CERTIFY, That I attended deceased from 8-1-35 to 9-11-35

I last saw him alive on 9-11-35. Death is said

to have occurred on the date stated above, at 10:12 P.M.

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

Carcinoma of uterus with metastases

Date of onset

46

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1935

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?

If so, specify _____

(Signed) J. H. Bennett M.D. M. D.

(Address) 12 C Gen Hosp

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.

2100
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