CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 14 1937

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

Do not use this space.

40696

File No.

Registered No. 1251

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 8

Township WASHINGTON — Primary Registration District No. 100

City ST. JOSEPH, MO. (No. 412 E. COLORADO AVE St. Ward)

2. FULL NAME VIOLA STEWART

(a) Residence, No. 412 E. COLORADO AVE. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 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	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 12TH. 1902.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	35	8	1	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PRESIDENT HOTEL KANSAS CITY, MO.

10. Date deceased last worked at this occupation (month and year) APRIL 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUDRAIN COUNTY, MISSOURI

FATHER

13. NAME THOMAS J. KENNETT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KENTUCKY

MOTHER

15. MAIDEN NAME JOSEPHINE BRUCE

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

17. INFORMANT MRS. J. I. TUCKER (ADDRESS) 412 E. COLORADO AVE. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY DATE NOV. 15TH. 1937

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 CALHOUN ST. JOSEPH MO.

20. FILED Nov. 15 1937 H. J. Nestlebush By J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 13TH. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937, to Nov 13 1937

I last saw her alive on Oct. 29 1937. Death is said to have occurred on the date stated above, at 9.30 A m.

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

	Date of onset
Carcinoma of cervix	Jan 1937

Other contributory causes of importance:

Hemorrhages	May 1937
Septic infection	June 1937

Name of operation biopsy Date of June 1937

What test confirmed diagnosis? Microscopic 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) C. S. Grant, M.D., M. D.

(Address) 6207 King Hill Ave St. Joseph, Mo.