

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

Do not use this space.

19402

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 7209)

Registration District No. 399
Primary Registration District No. 1007
Bellefontaine

File No. _____
Registered No. 2395 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 7209 Bellefontaine 16 Ward Pineville mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 29 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 4 9 days

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Barry County Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER James Van Zandt

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

12. MAIDEN NAME OF MOTHER Malinda Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barry County Missouri
(STATE OR COUNTRY)

14. INFORMANT Mr. Walter H. Bore
(Address) 7209 Bellefontaine

15. FILED 6/8 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1930 to June 8, 1930 that I last saw her alive on June 6, 1930, and that death occurred, on the date stated above, at 1:30 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Ovary + Intestines (duration) yrs. 5 mos. da. about
43A
46C
53F General carcinomatosis
CONTRIBUTORY (SECONDARY) (duration) yrs. 1 mos. da.

18. WHERE WAS DISEASE CONTRACTED 46C
IF NOT AT PLACE OF DEATH Pineville Ark

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical order

(Signed) Fred B. Kuyser, M. D.
June 8 1930 (Address) 914 Med Arts Bldg.

*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 Pineville mo DATE OF BURIAL 6/11/1930

20. UNDERTAKER Steele Und Co. Webb City mo
ADDRESS _____

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.

Walter Bond
7209 Ridge