

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

Do not use this space.

15134

**1. PLACE OF DEATH**

County Jackson  
Township L. Han  
City R. E. Mo. (No. 2106-E-33rd)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 20132  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Fern Kane  
(a) Residence. No. 2106-E-33rd St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-18-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22 | | 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
(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) Missouri

**10. NAME OF FATHER**

Jos. E. Roswell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**12. MAIDEN NAME OF MOTHER**

Ellen Sims

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**14. INFORMANT**

A. J. Lynch  
(Address) 2415-16-73rd St.

**15. FILED**

May 16 27 M. M. Brown  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-15, 1927

17. I HEREBY CERTIFY That I attended deceased from May 7, 1927, to May 15, 1927, that I last saw him alive on May 15, 1927, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1210 General Peritonitis  
1210  
11170  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 da.

CONTRIBUTORY (SECONDARY) Appendicitis with Terminal Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Madore Anderson M. D.

5716, 1927 (Address) 1317 Walto 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**

**DATE OF BURIAL**

Forest Hill 5/17 1927

**20. UNDERTAKER**

**ADDRESS**

Mrs. C. L. Forster R. E. Mo.

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

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