rer Vogel

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

Do not use this space.

18181

File No.

Registered No. 2276

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 2410 College St. Ward)

2. FULL NAME Mrs. Catherine Scott

(a) Residence. No. 2410 College St., 11 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 8 1852

7. AGE: Years 74 | Months 8 | Days 23 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Indiana

PARENTS

10. NAME OF FATHER: Nicholas Reifer

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

12. MAIDEN NAME OF MOTHER: Not Known Susana Hengen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Not Known Germany

14. INFORMANT: Mrs E G Ewson
(Address): 1224 Sheet 51st

15. FILED 6/2, 19 27 M. M. Conroe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 1 1927 19

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1927, to June 1, 1927, that I last saw ~~her~~ alive on June 1, 1927, and that death occurred, on the date stated above, at 7:35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary occlusion
13/
9/
14/D 908
(duration) 10 minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardio-renal-vascular complex
(duration) 5 yrs. mos. ds.

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? —

(Signed) H A Breyfogle, M. D
6-2-, 1927 (Address) Medical 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: St Mary's — DATE OF BURIAL: 6/4 1927

20. UNDERTAKER: Quirk & Tobin Co--20 West — ADDRESS: Linwood

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.