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

Do not use this space.

21427

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. Wesley Hospt. St. Ward)

2. FULL NAME Cora Belle Laremore
(a) Residence. No. 2544 College St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robt. F. Laremore

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 30, 1883

7. AGE: Years 44 — Months 2 — Days 12 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Mo.

PARENTS
10. NAME OF FATHER: Thos. B. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Martha E. Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Robt. F. Laremore
(Address): 2544 College

15. FILED 7/12, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to July 12, 1927, that I last saw him alive on July 12, 1927, and that death occurred, on the date stated above, at 12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema of Kidney with renal Calculi
134A
116A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Empyema of left Kidney (duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 12, 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Pus & Stones
(Signed) J. F. Mackey, M. D.
7/12, 1927 (Address) Tuthop 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: Fulton, Mo. — DATE OF BURIAL: 7-13 1927

20. UNDERTAKER: D. W. Newcomer's Sons — ADDRESS: K.C. Mo.

...y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

726 Latrobe Bldg.
Vic 3002.