WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33637

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. Registered No. 4407
City K. C. Mo (No. Trinity Hospital St. Ward)

2. FULL NAME Laura Bredehoeft
(a) Residence. No. Concordia Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)
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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John J. Bredehoeft
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1871
7. AGE: Years 56 | Months 1 | Days 7 | 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) Concordia
(STATE OR COUNTRY) Lafayette Co Mo

PARENTS
10. NAME OF FATHER Otto Walkenhorst
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Concordia
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Elizabeth Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Concordia
(STATE OR COUNTRY) Mo.

14. INFORMANT J. J. Bredehoeft
(Address) Concordia Mo
15. FILED 11-20-27 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-19 1927
17. I HEREBY CERTIFY, That I attended deceased from 11-18, 1927 to 11-19, 1927 that I last saw her alive on 11-19, 1927, and that death occurred, on the date stated above, at 3.45 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
121 B
122 B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Appendicitis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED? 117 B
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No Phys. feeding History
WHAT TEST CONFIRMED DIAGNOSIS?
11/19 (Signed) E. E. Conover, M. D
1927 (Address) Kansas City

*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: Concordia Mo. DATE OF BURIAL: 11-21 1927
20. UNDERTAKER: H. F. Dunning ADDRESS: Concordia Mo