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.

1013

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

2. FULL NAME Frances M. E. Sikes
(a) Residence. No. St., Ward. Leonardville, Kansas
(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. 7 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 Ed. L. Sikes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7-1897

7. AGE: 30 YEARS ~~30~~ MONTHS: 3 DAYS: 27 — If LESS than 1 day, ___ hrs. or ___ min.

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) Garrison
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Aug. Peterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Minnie Liliquist
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Sweden

14. INFORMANT Ed L. Sikes
(Address) Leonardville Kansas

15. FILED Jan 4, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 3, 1928 that I last saw her alive on Jan 3, 1928, and that death occurred, on the date stated above, at 12 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sepsis due to Gas Bacillus
146
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Miscarriage
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Do not know
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Jan 3-28
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) M. A. Hawes, M. D
Jan 4, 1928 (Address) 706 Realty

*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 Riley Kansas — DATE OF BURIAL Jan 5 1928

20. UNDERTAKER R. V. Lindsey & sons — ADDRESS City