

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

Do not use this space.

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**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township Wheatley Registration District No. 1002

City Kansas City (No. Wheatley Precinct Procedent) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Irene Telford (e) Residence. No. 2207 Tracy St. 4 Ward. \_\_\_\_\_ (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**

2. SEX Fe. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 25, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. 15 9 2

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work School girl, 12 (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) Kansas City Missouri

10. NAME OF FATHER Wlysses Telford

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

12. MAIDEN NAME OF MOTHER Beulah

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

14. INFORMANT Wlysses Telford (Address) 2207 Tracy

15. Jan 30, 1928 M. M. LeFavre REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27, 1928

17. HEREBY CERTIFY, That I attended deceased from Jan. 24, 1928, to Jan. 27, 1928, that I last saw h. fe. alive on Jan. 27, 1928, and that death occurred, on the date stated above, at 2:25 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Shock following surgical operation

CONTRIBUTORY (SECONDARY) Bilateral Salpingitis (duration) 2 mos. 2 ds. Peritonitis (duration) 3 mos. 2 ds. gonorrhea

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan. 26, 1928

WHAT TEST CONFIRMED DIAGNOSIS blutpase (Signed) Thos. Long M. D. Jan 30, 1928 (Address) 929 Gwyde Rd

\*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 Highland DATE OF BURIAL 1/30 1928

20. UNDERTAKER Haskins Bros ADDRESS 1729 Hyde

M. R.—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.

L. W. Lyons

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