

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

Do not use this space.

8762

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Independence Primary Registration District No. 3019
 City Independence Mo (No. Independence Jackson)

File No. _____
 Registered No. 109
 St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 1436 Rialto on Magnolia St. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 6 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 Proter Kerr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 - 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 9 20

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) Sabra
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Mar B. Ditch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rifley La
 (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Alia D. Hedges

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pine Bl
 (STATE OR COUNTRY) _____

14. INFORMANT Mar Alta Ditch
 (Address) Independence Mo

15. FILED 13/20 28 F. L. CROOK REGISTRAR
K. C. Hedger

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 12 19 28

17. I HEREBY CERTIFY That I attended deceased from Feb 20 1928 to Mar 12 1928
 that I last saw her alive on Mar 12, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute dilatation of stomach
(Ovarian abscess)
145A
11-10-1180 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) General Septicæmia
Puerperal (duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 1 - 28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Serology & Clinical
 (Signed) Chas E Dickson, M. D

3/13, 19 28 (Address) Independence

*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 MT Warrington DATE OF BURIAL Mar 14 19 28

20. UNDERTAKER Ott Mitchell ADDRESS Ind Mo

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.

1928

