

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

Do not use this space.

8802

1. PLACE OF DEATH

County Jackson
Township Kan
City Man Gty (No. Wesley Hoop)

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Sl. Ward. Harrisonville Mo.
(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Bruel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>32</u>	<u>4</u>	<u>18</u>	<u>18</u>	<u>14</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work H. wife 146
(b) General nature of industry, business, or establishment in which employed (or employer) Housework 148
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pleasant Hill
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER W H Dyke

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

12. MAIDEN NAME OF MOTHER Mary Kellest

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

14. INFORMANT Ben West
(Address) Grandview

15. FILED 3-3-28 M M Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 29 to Mar 1 1928
that I last saw her alive on Mar 1 1928, and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS,

Eclampsia
(Post partum)
146 (duration) yrs. mos. ds. 3

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

18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT AT PLACE OF DEATH, At Home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory
(Signed) Salmon J. Isaac M. D.
3/2, 1928 (Address) 700 Boyd Bldg, K. C. Mo.

*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 Belton Cemetery DATE OF BURIAL 3/4 1928

20. UNDERTAKER, ADDRESS Est George - Belton

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.

