

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

Do not use this space.

9128

1207

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. Wesley Hospital)

Registration District No. 399
 Primary Registration District No. 1002

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Dorothy Marie Meck Meek

(a) Residence. No. 3426 Harrison St. _____ Ward _____
 (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. _____
 (If nonresident give city or town and State)

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 Buford Meek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1. st 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 7 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work teacher
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Shawnee Mission

9. BIRTHPLACE (CITY OR TOWN) Holton
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER John F? Meck

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

12. MAIDEN NAME OF MOTHER Catherine Gabel

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

14. INFORMANT John. G. Meck
 (Address) Topeka Kansas

15. FILED 3/23, 1928 M. M. Corawe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March - 23 1928

17. I HEREBY CERTIFY That I attended deceased from March 19, 1928, to March 23, 1928 that I last saw her alive on March 22, 1928 and that death occurred, on the date stated above, at 6:30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis
 (duration) yrs. mos. ds. _____
 CONTRIBUTORY (SECONDARY) Physical injury
Not Prescribed of gonorrhoea
 (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED Her home

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF None

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
 (Signed) J. F. Mackey M. D.
3-23, 1928 (Address) Katholp Bldg

*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 Holton Kansas

DATE OF BURIAL Mar 25 1928

20. UNDERTAKER Mrs. C. L. Forster

ADDRESS 918 Brookly

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.

726- Koolhaas 12/29

Yi - 3002

1 to 5. Pm
