

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

Do not use this space.

13467

1. PLACE OF DEATH

County Jackson Registration District No. 395
 Township Levan Primary Registration District No. 71001
 City Kansas City (No. St. Josephs Hospital)

File No. _____
 Registered No. 1800
 St. 13 Ward

2. FULL NAME

(a) Residence. No. 1925 Prospect St. 11 Ward.

(Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 16 hrs. or — min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Rordunk

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

12. MAIDEN NAME OF MOTHER Ruedikeman

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

14. INFORMANT Henry Rordunk
 (Address) 1925 Prospect Kansas City Mo

15. FILED 4/21 1928 M J M Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1928

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to April 21, 1928, that I last saw him alive on April 21, 1928, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intercranial Hemorrhage
10 (duration) yrs. mos. da.
 CONTRIBUTORY Both injury not instrumental
 (SECONDARY) Delivery (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thelma S. Nelson, M. D.
4/21, 1928 (Address) 1100 Croyde 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 WMA Cemetery DATE OF BURIAL April 23 1928

20. UNDERTAKER W J Sheehan ADDRESS 100 W

K. 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.

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