

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

ma 3897

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

Do not use this space.

20617

1. PLACE OF DEATH

County Jackson  
Township Staw  
City Kansas City, Mo. Lakeside Stoept

Registration District No. 399  
Primary Registration District No. 1902

File No. \_\_\_\_\_  
Registered No. 6-1-11  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Mrs Louisa E. Manson

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Brunswick Mo.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 8 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Chariton  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Jacob Kahler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Christina Bray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs Heisel  
(Address) Brunswick Mo

15. FILED 6/8 21 M. M. Crow  
19 \_\_\_\_\_ REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 25 4:00, 1928, to June 7, 1928, that I last saw her alive on June 7, 1928, and that death occurred, on the date stated above, at 8:05 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis  
130  
Ischemic Myocarditis  
(SECONDARY)  
(duration) ? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? 1290?  
IF NOT AT PLACE OF BIRTH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. A. Marty, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VOLUNTARY CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brunswick Mo DATE OF BURIAL June 8, 1928

20. UNDERTAKER S. H. Newcomer's ADDRESS Louis O. C. Mo.

