Do not use this space.

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

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 23869
Township Kaw Primary Registration District No. 1002 Registered No.
City Kansas City (No. 2339 Norton St. Ward)

2. FULL NAME Ida Bartholomew
(a) Residence. No. 2339 Norton St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 Wm Bartholomew

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 1865

7. AGE Years 63 Months 1 Days 59 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Norway

PARENTS
10. NAME OF FATHER Chriss Lunseth
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) No Record
12. MAIDEN NAME OF MOTHER Rcd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No record

14. INFORMANT William Bartholomew
(Address) 2339 Norton

15. FILED 7/13, 1928 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1928

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1926, to July 11, 1928 that I last saw her alive on July 11, 1928, and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Progressive ascending Paralysis
(duration) ... yrs. 6 mos. ... ds.
CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
(duration) 2 yrs. — mos. — ds.

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? Historical & Laboratory
(Signed) Ev. Wm. Durant, M. D
7/12, 1928 (Address) 2544 Olive St.

730

*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 Hope
DATE OF BURIAL July 13 1928

20. UNDERTAKER Mrs C. L. Forster
ADDRESS K.C. 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.