

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

Do not use this space.

27351

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City Mo

Registration District No. 100
Primary Registration District No. 1316 East 13 St

File No. 1000
Registered No. 1000
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1316 East 13 St., 2 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 1 10

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) (STATE OR COUNTRY) Ind

10. NAME OF FATHER James Hamberg

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

12. MAIDEN NAME OF MOTHER Margaret Lister

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

14. INFORMANT Mrs M. Shock
(Address) 1316 East 13 St

15. FILED 8/14 28 M. M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 - 1928

17. I HEREBY CERTIFY that I attended deceased from Aug 12 1928, to Aug 13 1928, and that I last saw her alive on Aug 13 30/28, and that death occurred, on the date stated above, at 12 30/28 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Regurgitation with acute infection

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 6 yrs. mos. da.

(duration) 5 yrs. mos. da.

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

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

WHAT TEST CONFIRMED DIAGNOSIS? Specimen
(Signed) J. B. Johnson, M. D.

(Address) 638 Tolpys 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 Sedalia Mo DATE OF BURIAL Aug 14 1928

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

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.

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