

117051

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

Do not use this space.

made 02 91
27415

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 4214)

Registration District No. 7-13
Primary Registration District No. 7-2
Montgall ave.

File No. 27415
Registered No. 27415
St. 2201 Ward

2. FULL NAME

Miss Mary Eloise Ranes

(a) Residence. No. 4214 Montgall St., 16 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

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)

Dec. 10, 1857

7. AGE

YEARS 70 MONTHS 8 DAYS 9
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(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) Penna.

10. NAME OF FATHER

Geo. E. Ranes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER

Mirna Abbott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa.

14.

INFORMANT Miss Sarah Ludlow
(Address) 4214 Montgall ave

15.

FILED 8/30 1928 M. M. Kerue
Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug. 19 1928

17.

I HEREBY CERTIFY That I attended deceased from Aug 14 1928 to Aug 19 1928
that I last saw her alive on 18 days Aug 28, and that death occurred, on the date stated above, at 10:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction
(Probably Intussusception)
12 d 13
162

CONTRIBUTORY (SECONDARY)

Senility (duration) yrs. mos. 4 ds.
118 B1 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 118 B1 4214 Montgall.

19. DID AN OPERATION PRECEDE DEATH? NO. DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Seking M. D.
8/30 1928 (Address) 735 Satler 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

md. Washington

DATE OF BURIAL

8/22/1928

20. UNDERTAKER

Freeman Mortuary

ADDRESS

104 West 42nd St

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.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD

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