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.

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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.: 27475

Township: Kaw — Primary Registration District No.: — Registered No.: 3551

City: Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Annie Pepperdine

(a) Residence. No. 3208 Karnes St., 5 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry D. Pepperdine

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 24 1878

7. AGE: Years 50, Months 7, Days 0 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 12205
(b) General nature of industry, business, or establishment in which employed (or employer): 59
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

PARENTS
10. NAME OF FATHER: George Worden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Mary Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.

14. INFORMANT: Harry Pepperdine
(Address): 3208 Karnes

15. FILED: 8-25, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-20, 1928, to 8-24, 1928, that I last saw her alive on 8-24, 1928, and that death occurred, on the date stated above, at 12 m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction due to Fecolith in small intestines
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus
(duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 8/23/28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laparotomy

8/25 (Signed) A J Welch, M. D
, 1928 (Address) 535 Rialto

*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: Forest Hill — DATE OF BURIAL: Aug. 27 1928

20. UNDERTAKER: H. W. Gates — ADDRESS: K.C.K.