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

Do not use this space.

36846

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. ...

Township Kaw Primary Registration District No. 1002 Registered No. 4444

City Kansas City (No. Kansas City Genl Hosp St. ... Ward)

2. FULL NAME Wallace Kathryn

(a) Residence. No. 914 Cherry 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 ... 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: Frank E Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 27 1892

7. AGE: Years 36, Months 9, Days 6. If LESS than 1 day, ... hrs. or ... min.

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) Mich.

PARENTS

10. NAME OF FATHER Glenn Seamore

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

12. MAIDEN NAME OF MOTHER Miss Campos

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

14. INFORMANT Record Clerk
(Address) K.C. Genl Hosp

15. FILED 11/6, 1928 M. M. Groves Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-3 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-2, 1928, to 11-3, 1928, that I last saw her alive on 11-3, 1928, and that death occurred, on the date stated above, at 9:35 P. m.

THE CAUSE OF DEATH* was as follows:

Endocarditis and Pericarditis

92 / 90 / 90

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ...

(duration) ... 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? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clin Findgs Autopsy

(Signed) P E Williams, M. D

11-5, 1928 (Address) Supt K C Gen Hosp

*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 Washington

DATE OF BURIAL: 11/6 1928

20. UNDERTAKER: O V Mast

ADDRESS: 0 E 6 East 35

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.