

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

Do not use this space.

40732

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kearney Primary Registration District No. 1-2
City K.C. Mo. (No. 421 So. Denver)

File No. _____
Registered No. 5108
St. _____ Ward _____

2. FULL NAME

Lora Dora Biddow
(a) Residence. No. 421 So. Denver St. 10 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. da. 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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. H.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17-1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>8</u>	<u>26</u>	

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) New York

10. NAME OF FATHER Isaac T. Crawford

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

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Jas. H. Biddow
(Address) 421 So. Denver, Av.

15. FILED 17/4 1928 M.M. Brown
REGISTRAR Brown

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-13, 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928 to Dec-13, 1928 that I last saw her alive on Dec 13, 1928, and that death occurred, on the date stated above, at 7:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus
gangrene right foot
(duration) 15 yrs. mos. ds.
* (SECONDARY) severe (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? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical evidence
(Signed) Herbert Tutfill, M. D.
Dec-14, 1928 (Address) 1125 Rialto 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 Fort Madison, Iowa DATE OF BURIAL Dec 14, 1928

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

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.

1
Dr. J. F. [unclear]

112511 [unclear]

no 5832

Call [unclear] 13