

N. E.—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.

1732

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 3326)

Registration District No.

399

Primary Registration District No.

1007

File No.

Registered No.

324

St.

Ward)

2. FULL NAME

(a) Residence. No. 3326 Karnes St., 14 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 10, 1844

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. min.
84 4 13 — —

8. OCCUPATION OF DECEASED

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

Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Terra Haute

(STATE OR COUNTRY)

Ind.

10. NAME OF FATHER

Henry Soules

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

N. Y.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Jane McLaughlin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Pittsburg

(STATE OR COUNTRY)

Penn.

14.

INFORMANT

(Address)

Mrs. Mae McKen3326 Karnes Blvd

15.

FILED

1-23-29 M. M. Crowe

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

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

Jan. 23 1929

17.

I HEREBY CERTIFY That I attended deceased from Jan. 21, 1929, to Jan. 23, 1929, and that I last saw her alive on Jan. 23, 1929, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

auricular fibrillation9797A

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

H. P. Laughman

M. D.

let 23, 1929 (Address) 906 Ind. St. 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

DATE OF BURIAL

Int. WashingtonJan 25 1929

20. UNDERTAKER

ADDRESS

A. H. Newcomer's Sons K. C. Mo

906 Med. Division

Val. 3243

1-20