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

Do not use this space.

1809

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1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 402
Township Kaw. — Primary Registration District No. — Registered No.
City Kansas City (No. 607 Woodland St. Ward)

2. FULL NAME Margaret E. VanDoren.
(a) Residence. No. 607 Woodland, St., 9 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: Fe.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 21. 1848.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	0	5	

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: "

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York.

PARENTS
10. NAME OF FATHER: F. J. Gurnee.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Bridget VanHutten
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Charles I. VanDoren.
(Address): 607 Woodland Ave.

15. FILED 1/26, 1929. M M Crane Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1929, to Jan. 26, 1929, that I last saw her alive on Jan. 19, 1929, and that death occurred, on the date stated above, at 7:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock, from injury (fracture) to neck of femur in fall Jan 19, 1929
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 185
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF 12
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Alma C. Kinney, D.O.
1/26, 1929 (Address) 720 Shukert 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: Forest-Hill
DATE OF BURIAL: 1/28/ 1928

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

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.

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