

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

Do not use this space
11034
10984
File No. 1545
Registered No. 1545
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 525 South Kensington)

2. FULL NAME Louise Berg Gammon

(a) Residence, No. 525 South Kensington 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. 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 G. D. Gammon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 3 12

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) Kansas City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Fred Berg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Von Reubeneck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT G. D. Gammon
(Address) 525 So. Kensington

15. FILED 7/29, 1929 M. M. Coffey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1929, 1927, to March 28, 1929, that I last saw her alive on March 27, 1929, and that death occurred, on the date stated above, at 2 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute pericarditis
87
CONTRIBUTORY (SECONDARY) Practical Toxemia
(duration) yrs. mos. 10 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? Examination of chest
(Signed) R. M. Jensen M.D.

3/29, 1929 (Address) 309-14 main center city
1227 Frontone K.C. Mo.

*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 Wm Washington Cemetery DATE OF BURIAL 3/30 1929

20. UNDERTAKER Stuart Mc Cleure ADDRESS 3235 Gillham
Keaga.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE 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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5911 1-5 P.M.

1511.3 P.M.

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