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

Do not use this space.

18232

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. 2218

City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Carrie (Neugebaur) La Duc

(a) Residence. No. 14 B.W. 29th. St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	1	24	

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) Ill.

PARENTS

10. NAME OF FATHER Alfred Bean

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

12. MAIDEN NAME OF MOTHER Virginia Bashaw

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

14. INFORMANT Mrs. Pearl Goddard
(Address) 4008 Cambridge

15. FILED 5/17 1929 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1929, to May 16, 1929 that I last saw her alive on May 15, 1929, and that death occurred, on the date stated above, at 4 P.m.

~~THE~~ CAUSE OF DEATH* WAS AS FOLLOWS:
Fatty embolism
121B
127B
99A
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Chole cystitis + appendicitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City, Kans

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 15, 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. F. Mackey, M. D.

5-16, 1929 (Address) 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	DATE OF BURIAL
Shawnee	May 20 1929
20. UNDERTAKER	ADDRESS
H.W. Gates	K.C.K.

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.

235
2
31
31