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.

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

Do not use this space.

File No. 1247

Registered No. 238

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 106

City: Kansas City (No. 2824 Belleview St. Ward)

2. FULL NAME Mrs. Tellie Frederiksen

(a) Residence. No. 2824 Belleview St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

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

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

31

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

31

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Coroner's Record
(Address): Kansas City, Mo

15. FILED: Jan 17, 1930 M. H. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 14 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.

Deputy Coroner

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortitis

99B

9 | C

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY)

(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? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley M. Hall, M. D.

1/14, 1930 (Address) Deputy Coroner

*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
Woodlawn Cemetery, K.C.Ks	Jan. 18 1930

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	Kansas City Mo