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

Do not use this space.

23161

File No. 3156

Registered No.

1. PLACE OF DEATH
County: Jackson
Registration District No.:
Township: Rav
Primary Registration District No.:
City: Kansas City (No. 923 Holmes St. Fairfield Hotel St. Ward)

2. FULL NAME: Alta Mae Pardoe

(a) Residence. No. 923 Holmes St., 13 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	Single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	20.			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Place on amusement 606 map 3 week work.
(b) General nature of industry, business, or establishment in which employed (or employer): sua 3 days for Tober, R.P.O.E.
(c) Name of employer: Mr Wm. R. Ehrhardt 873

9. BIRTHPLACE (CITY OR TOWN): Lakham
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Jesse. Pardoe.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lakham
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Martha Catchman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY)

14. INFORMANT: Mrs Jess. Pardoe.
(Address): Lakham. Mo.

15. FILED 7/30 1930 M. M. Crowe cnt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 30 1930 Wednes

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 1:9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide carbolic acid, a'Jamin
1630 (duration) ....yrs....mos....ds.

CONTRIBUTORY (SECONDARY): 160 (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. Hedy M. D.
7/30, 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: California Mo. | DATE OF BURIAL: July. 31 1930

20. UNDERTAKER: Taylor Funeral Home | ADDRESS: K.C. Mo.

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.