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.

26713

1. PLACE OF DEATH
County Jackson — Registration District No. 209 — File No.
Township — Primary Registration District No. — Registered No. 3317
City Kansas City (No. 301 Myrtle Ave St. Ward)

2. FULL NAME Catherine Louise Oakley
(a) Residence. No. 301 Myrtle Ave. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 19, 1923

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
6	11	19	

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

120 B
119 C

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Fred D. Oakley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Macon
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Minnie T. Stone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Tenn.

14. INFORMANT Margaret Oakley
(Address) Kansas City Mo.

15. FILED 8/10, 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 8, 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-7-30 8-8, 1930, to 8-8, 1930, that I last saw her alive on 8-8, 1930, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastritis & Ictericitis
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 114 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. D. Mabie M.D.
8/8, 1930 (Address) 804 Huron Bldg K.C.K.

*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 Mt, Washington
DATE OF BURIAL 8-11-30

20. UNDERTAKER R.A.Fulton Funeral Home
ADDRESS K.C.K.