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.

32912

1. PLACE OF DEATH

County Jackson — Registration District No. 599

Township Kaw — Primary Registration District No. 1009

City Kansas City (No. St. Gaudens Hosp St. Ward)

File No.

Registered No.

2. FULL NAME Edna Vogt Henry.

(a) Residence. No. 2919 Texas St., 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: Fe.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 11 1909

7. AGE: Years 21 — Months 7 — Days 28. — If LESS than 1 day, ... hrs. or ... min.

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): Kansas

PARENTS

10. NAME OF FATHER: Fred B. Vogt.

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

12. MAIDEN NAME OF MOTHER: Maude Ellis.

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

14. INFORMANT: Patrick Henry
(Address) 2919 Texas Ave.

15. FILED 10/12, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1930, to Oct 10, 1930, that I last saw her alive on Oct 10th, 1930, and that death occurred, on the date stated above, at 5:32 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Peritonitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Spontaneous non-criminal abortion (duration) yrs. mos. 14 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? Distention of abdomen

(Signed) O. M. Larsen D.O.

10/10 1930 (Address) 15th & Troost ave 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: Memorial Park — DATE OF BURIAL: Oct. 13 1930

20. UNDERTAKER: Gates Funeral Home — ADDRESS: K.C.Ks.