

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

Do not use this space.

33190

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kau Primary Registration District No. _____ Registered No. 4420
 City Kansas City (No. Trinity Lutheran Hospital) St. 4420 Ward)

2. FULL NAME

Ousley, Verna T.
 (a) Residence No. Parkville, Mo. 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 <u>Fe</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert B Ousley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>34</u>	<u>3</u>	<u>9</u>	<u>18</u>	

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) Missouri

PARENTS

10. NAME OF FATHER Amvil League

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

12. MAIDEN NAME OF MOTHER Minnie L. Faulkner

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

14. INFORMANT Robert B Ousley

(Address) Parkville, Mo. R.R. 1

15. FILED 10/31, 1930 M. M. Crowley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 - 1930

17. I HEREBY CERTIFY That I attended deceased from Oct 29 to Oct 30, 1930 that I last saw her alive on Oct 30, 1930, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpural Septicemia,
145A

CONTRIBUTORY (SECONDARY) 146

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

10/31 (Signed) E. J. Kelly, M. D.

131. 120 (Address) 1022 Angell Bldg

*State the DISEASE CAUSING DEATH, or in deaths from UNIDENTIFIED CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDE, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

M. Moriah Nov. 1 1930

20. UNDERTAKER ADDRESS

Mrs. C. L. Foster 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.

