

DEC 22 1930

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

Do not use this space.

36024

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. Independence)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 331
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2239 Blue Ridge St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Valette Kenagy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 5 5

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) St Joseph Mo
(STATE OR COUNTRY)

10. NAME OF FATHER James W Lowden

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

12. MAIDEN NAME OF MOTHER Francis Wright

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

14. INFORMANT Valette Kenagy
(Address) 2239 Blue Ridge

15. FILED 11-4-30 JL Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2 1930

17. I HEREBY CERTIFY, That I attended deceased from 9/1 1930 to 11/2 1930, and that I last saw him alive on 11/2/30, 1930, and that death occurred, on the date stated above, at 2 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puerperal Puerperal Endometritis

Following Manual Version of (1st child) (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diffuse Peritonitis (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH.
DISEASE OPERATIONS PRECEDE DEATH? yes DATE OF 10/26/30

WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Drellman, M. D.

11-4 1930 (Address) 10307 Indep av KeMo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brookings Cem DATE OF BURIAL Nov 4 1930

20. UNDERTAKER Rose + Henderson ADDRESS 15th & Jackson

WHITE PRINT, WITH UNFADING INK--THIS IS A PERFECT 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.

