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.

36190

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4596

Township Kaw — Primary Registration District No. 3002 — Registered No. 4596

City Kansas City, Mo (No. St. Lukes Hospital St. Ward)

2. FULL NAME Gladys Virden Eull

(a) Residence. No. 4420 Highland St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 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	divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	9	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Office Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Scott Fetzer

(c) Name of employer Sanitation System Company

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

PARENTS

10. NAME OF FATHER Oscar Virden

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

12. MAIDEN NAME OF MOTHER Alice Porter

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

14. INFORMANT C. W. Virden
(Address) 4420 Highland

15. FILED 11/13, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1930, to Nov 12, 1930, that I last saw her alive on Nov 12, 1930, and that death occurred, on the date stated above, at 9 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute peritonitis following removal of unspecified fibroid of uterus (Non-malignant)

548 (duration) yrs. mos. ds.

129 CONTRIBUTORY (SECONDARY) Dilatation of uretera from pressure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 29-30

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) E. L. Miller, M. D.

Nov 13, 1930 (Address) 1830 Professional Bldg KCMo

*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	DATE OF BURIAL
Mt. Washington Cemetery	11/14/1930

20. UNDERTAKER	ADDRESS
Freeman Mortuary, 104 W	42nd.

Dr Lee Miller
Professional Bldg.