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.

39472

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No.
Township Kaw — Primary Registration District No. [illegible] — Registered No. 5044
City Kansas City (No. Kansas City Genl Hosp. St. Ward)

2. FULL NAME Fradenburg Katie Cantfield
(a) Residence. No. 3903 E. 18th St., 12 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 14-1866

7. AGE: 64 YEARS, 4 MONTHS, 2 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Norway

PARENTS
10. NAME OF FATHER: Newton Simpson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Norway
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Reuna Clerk
(Address) K. C. Genl Hosp.

15. FILED 12/16, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 12-6, 1930, to 12-16, 1930 that I last saw her alive on 12-16, 1930 and that death occurred, on the date stated above, at 1:05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Dementia
163
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 164
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
C DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings
(Signed) P E Williams, M. D.
12-16, 1930 (Address) Supt K C Genl Hosp

*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: Forest Hill — DATE OF BURIAL: Dec 18 1930

20. UNDERTAKER: Rose & Henderson — ADDRESS: 15th Jackson