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

Do not use this space.

14443

1. PLACE OF DEATH
County Jackson — Registration District No. 328 — File No.
Township Kane — Primary Registration District No. 10 — Registered No. 1363
City Kansas City (No. 1820 Pendleton Pendleton Ward)

2. FULL NAME Lena L. Edelen
(a) Residence. No. 1820 Pendleton St., Ward 9
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 25 1869
7. AGE: Years 62 — Months 2 — Days 2 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Formerly Teacher
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Richard M Edelen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No record
12. MAIDEN NAME OF MOTHER: No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No record
14. INFORMANT: Geo W. Edelen
(Address) 1820 Pendleton
15. FILED 4/28, 1931 M M Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 27 1931
17. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1930, to April 27, 1931, that I last saw her alive on Oct 26, 1930, and that death occurred, on the date stated above, at 3 30 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Esophagus & Stomach
46A
46B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 46A
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Sonia Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-19-31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Frank B Hicks, M. D.
4/28, 1931 (Address) 31 & Grand Ave Kan City 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: Sorin Mo — DATE OF BURIAL: 4-28 1931
20. UNDERTAKER: Mrs C L Foster — ADDRESS: KC Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

Gr 1824

Rev. F. P. Heller
Westover sldg.