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.

25092

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 100 — Registered No. [illegible]
City Kansas City (No. Rockhill Manor St. Ward)

2. FULL NAME KATIE REED SEEGER Seeger
(a) Residence. No. Rockhill Manor St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode) 437 Locust
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.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Seeger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
about 65	2	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Allen G. Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelbyville
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Missouri A. Bevi
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay County
(STATE OR COUNTRY) Missouri

14. INFORMANT Emma Reed
(Address) Rockhill, Manor

15. FILED 7/16, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1931

17. I HEREBY CERTIFY, That I attended deceased from October, 1930, to July 14, 1931 that I last saw her alive on July 10, 1931, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial weakness
(Myocarditis and arteriosclerosis
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis (healed)
Chr. bronchitis (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 93D 106E 97
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General Clinical findings
(Signed) Herbert Tuthill, M. D.
July 14, 1931 (Address) 1125 Rialto Bldg.

*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~~ Liberty, Missouri — DATE OF BURIAL 7-17 1931

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza