

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

Do not use this space.

26183

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 115 West 39th St.)

Registration District No. 1002
Primary Registration District No. 1002

File No. 3091
Registered No. 3091
St. _____ Ward _____

2. FULL NAME

Mrs. Julia A. Ribelin

(a) Residence, No. 115 West 39th St. St. _____ 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>F. M. Ribelin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15, 1856</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>11</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Miss Lela Ribelin
(ADDRESS) 115 West 39th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE 8-13-32 19.

19. UNDERTAKER R. V. Lindsey & Sons, Inc.
(ADDRESS) K. C. Mo.

20. FILED 8/11 1932 M. M. Crowe
Regist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Mon. 8.12 1932 to Aug. 10.12 1932
I last saw him alive on Aug 9 1932 Death is said to have occurred on the date stated above, at 10:35 AM

The principal cause of death and related causes of importance were as follows:

Endocarditis Date of onset May 8
Valvular insufficiency
97A 115 97A
Other contributory causes of importance: Senility

23. Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Henry C. Kelly M. D.
(Address) 1072 Angelle Bldg

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.

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