

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

Do not use this space.

1531

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kaw Primary Registration District No. 1007
 City Kansas City (No. 7306 Lydia) St. _____ Ward _____

File No. _____
 Registered No. 261

2. FULL NAME Artilee Jane Bement

(a) Residence, No. 7306 Lydia St. 15 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mahli Bement		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1862		
7. AGE YEARS 70	MONTHS 9	DAYS 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home		11. Total time (years) spent in this occupation 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13		11. Total time (years) spent in this occupation 87
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jany. 16, 1933**

22. I HEREBY CERTIFY, That I attended deceased from Jane **1933** to **Jan 16, 1933**
 I last saw her alive on Jan 10th, 1933 Death is said to have occurred on the (date stated above), at **10 P.m.**

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

Chronic Intestinal Disturbance
 nephritis with hyperuricemia
 glycosuria
 Other contributory causes of importance: 15
Cerebral hemorrhage
at site hemorrhage

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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? Yes

If so, specify _____
 (Signed) J. W. Hauberg M. D.
 (Address) 1818 West 4th Blvd
KC. Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
	13. NAME Charles A. Sponsler
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doublin Co. Pennsylvania
	15. MAIDEN NAME Sarah E. Wise
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sangamon Co. Illinois
	17. INFORMANT (ADDRESS) <u>Elizabeth A. Bement</u> <u>Ottawa, Kansas</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ottawa, Kans</u> DATE <u>Jan 17, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Sping Co. Mortuary</u> <u>323 S. 2nd St. Kansas City</u>	
20. FILED <u>Jan 17, 1933</u> M. M. Crowell <u>Act. Registrar.</u>	

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.

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

Dr. J. W. ...
Medical ...
VA ...

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