

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

Do not use this space.

1. PLACE OF DEATH Jackson  
 County Kaw Registration District No. 398  
 Township K.C.Mo. Primary Registration District No. 1002  
 City K.C.Mo. (No. 1637 Summit) St.          Ward         

2. FULL NAME Mrs. Syrrilda Teagarden  
 (a) Residence, No. 1637 Summit 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dave Teagarden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>1</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) W Va.

FATHER

13. NAME William As heraft

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Anna Berger  
 (ADDRESS) 1637 Summit,

18. BURIAL, CREMATION, OR REMOVAL PLACE LaCygne, Ks. DATE June 23-33

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

20. FILED 6-21 1933 M.M. Crowe  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to June 21, 1933  
 last saw him alive on June 19, 1933 Death is said to have occurred on the date stated above, at 12:05 AM  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis & auricular fibrillation

Other contributory causes of importance: Chronic colitis

Name of operation None Date of           
 What test confirmed diagnosis? ECG 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? No  
 If so, specify           
 (Signed) Eugene H. Severson M. D.  
 (Address) 933 Professional Bldg

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.

