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.

JAN 26 1934

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

Do not use this space.

39959

1. PLACE OF DEATH

County JACKSON — Registration District No. 389 — File No.

Township KAW — Primary Registration District No. 1002 — Registered No. 4752

City KANSAS CITY (No. ST. MARY'S HOSPITAL St. Ward)

2. FULL NAME MRS. KATE NELSON IMBODEN

(a) Residence, No. 119- WEST- 39TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 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 D. C. IMBODEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ABOUT FEB-12-1855

7. AGE: YEARS 78 — MONTHS 9 — DAYS 21 ~~19~~ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Unknown

FATHER

13. NAME THOMAS W. NELSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER

15. MAIDEN NAME MARY GAY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT (ADDRESS) MR. DAVID IMBODEN LOS ANGELES, CALIFORNIA

18. BURIAL, CREMATION, OR REMOVAL
PLACE BOONEVILLE MO DATE DEC 6 1933

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 12/4 1933 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933, to Dec 3 —, 1933

I last saw her alive on Dec. 2 —, 1933 Death is said to have occurred on the date stated above, at 5:20 A.m.

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

	Date of onset
Acute Labor pneumonia (Bi-lateral)	
10 "	
11 "	

Other contributory causes of importance: Senility

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Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? N/A

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) Max Goldman —, M. D.

(Address) Medical Arts Bldg.

Dr. Max Goldman
• 1014 Medical Arts Bldg.
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