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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 528 — File No. 13081
Township KAW — Primary Registration District No. 500 — Registered No. 1832
City KANSAS CITY (No. 317 SOUTH VAN BRUNT St. ..... Ward)

2. FULL NAME MRS. AUGUSTA YORT
(a) Residence, No. ..... St., ... Ward. CREIGHTON MISSOURI
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF EDWARD YORT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG-18-1873

7. AGE: YEARS 60 — MONTHS 8 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) SWEDEN

FATHER
13. NAME HANS PETER NELSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN

MOTHER
15. MAIDEN NAME AUGUSTA HANSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN

17. INFORMANT (ADDRESS) MISS ELLEN YORT 317 SOUTH VAN BRUNT

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floyd Hill DATE Apr 25 1934

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

20. FILED Apr 24 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933 to Apr. 23, 1934
I last saw her alive on Apr. 28, 1934 Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris, — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) E. E. Hubbard M.D., M. D.
(Address) 205 McMillen Bldg.

206. McMillen Bldg.
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