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.

JUN 13 1934

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

Do not use this space.

16914

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township — Primary Registration District No. — Registered No. 0D6D2 6D
City Kansas City (No. , Mercy Hospital St. 2202 Ward)

2. FULL NAME Kathleen Nauman
(a) Residence, No. St., Ward. Maryville Mo.
(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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1924
7. AGE YEARS 9 MONTHS 8 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Mound City Mo

FATHER
13. NAME Grover Nauman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Mamie Graves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Ruth Manley Marysville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Marysville Mo DATE May 1934
19. UNDERTAKER (ADDRESS) Price Funeral Home
20. FILED May 23, 1934 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23, 1934
22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1933, to 5-23, 1934
I last saw her alive on 5-23, 1934. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Uremia	5-21-33

Other contributory causes of importance:

Tuberculosis of spine	10/25/30

Name of operation none Date of
What test confirmed diagnosis? X Ray Was there an autopsy? yes

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? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) K. McE. Schauffler, M. D.
(Address) 1025 Argyle Bldg. Kansas City, Mo.