

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.

JUL 17 1934

16-124

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Keosau
City Kansas City (No. Joseph Hospital)

Registration District No. 399
Primary Registration District No. 8003

File No. 20297
Registered No. 2453 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1317 Wever 39 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 27 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
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) Deerford Mo.

MOTHER 13. NAME J. W. Van Dyke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling Mo

15. MAIDEN NAME Theobie Key

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling Mo

17. INFORMANT H. T. Van Dyke
(ADDRESS) 1317 Wever 39

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling Mo DATE 6/4 1934

19. UNDERTAKER O. V. MAST FUNERAL HOME, Inc.
(ADDRESS) 3146 Main St

20. FILED 6-2-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-1934

22. I HEREBY CERTIFY That I attended deceased from May 23, 1934 to June 2, 1934

I last saw her alive on June 2, 1934 Death is said to have occurred on the date stated above, at 7:20 m.

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

Calculous cholecystitis 3 days duration
Right Kidney was removed six years ago
nephrolithiasis + pyelonephritis
chronic
Other contributory causes of importance:
Nephritis - Degenerated
Kidney

Name of operation Pyelotomy Date of operation 6/2/34

What test confirmed diagnosis? Open 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? _____ (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) Frank Radenwood, M. D.
(Address) 928 Argyle St

De Leon Rosewald
Argyle Bldg,
11⁰⁰ am Sunday,

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