N. B.—Every item of information sho[illegible] refully 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.

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

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH
County Jackson Registration District No. 359 File No. 29267
Township Kaw Primary Registration District No. 309 Registered No. 3684
City Kansas City (No. St. Lukes Hosp. St. Ward)

2. FULL NAME Katherine Duerr
(a) Residence, No. 520 E Grandview Clinton Mo (If nonresident, give city or town and State)
(Usual place of abode)
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 Fe
4. COLOR OR RACE Wh
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) Oct 17 1919
7. AGE YEARS 14 MONTHS 9 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Carl A Duerr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

MOTHER
15. MAIDEN NAME Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

17. INFORMANT (ADDRESS) J D Consalus Clinton Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Mo DATE Aug 9 1934
19. UNDERTAKER (ADDRESS) D W Newcomer Sons 2111 E 9th
20. FILED 8/9 1934 M. M. Crowe asst Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934, to Aug 9, 1934
I last saw her alive on Aug 9, 1934 Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure (Toxic myocarditis)	Aug 8

121a

Other contributory causes of importance:
Perforated Appendix with peritonitis

Name of operation Appendectomy Date of Aug 8
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? No
If so, specify
(Signed) [signature], M. D.
(Address) 1500 Professional Bldg