

NOV 13 1934

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

Do not use this space.

33075

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KearneyPrimary Registration District No. 3002City Kansas City (No. 3821, Baltimore)

File No. _____

Registered No. 4416

St. _____ Ward _____

2. FULL NAME Mrs. Clara May Jaudon(a) Residence, No. 3821 Baltimore 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. R. Fuller Jaudon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-26-18747. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 1 38. 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) Missouri13. NAME Alexander Gibbs14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Kalastin Fickel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Rev. R. Fuller Jaudon
(ADDRESS) 3821 Baltimore Ave18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Kansas City DATE Oct. 1, 193419. UNDERTAKER Stim & McCrease Wood Co.
(ADDRESS) 2235 Gillham Plaza Kansas City Mo20. FILED Oct. 1, 1934 M. M. Crowe
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 193422. I HEREBY CERTIFY, That I attended deceased from about 1931, 19____, to Sept 29, 1934I last saw her alive on Sept 29, 1934. Death is said to have occurred on the date stated above, at 1.20 P.M.

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

Pneumonia (Bronchial) Date of onset _____59107AOther contributory causes of importance: Diabetes59

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) Dr. B. H. Merryfield, D.O.(Address) 3000 Charlotte St.

