

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

Do not use this space.

NOV 13 1934

399

36120

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. 1108
 City Kansas City (No. 3209 Penn) St. _____ Ward _____

File No. _____
 Registered No. 05223
 St. _____ Ward _____

2. FULL NAME Dolores Lohner

(a) Residence, No. 3209 Penn 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) Dec 23 1924
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
9 9 23

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

FATHER 13. NAME Charles E Lohner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford Penn

MOTHER 15. MAIDEN NAME Catherine Rose Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lima Ohio

17. INFORMANT Charles E Lohner (ADDRESS) 3209 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 10/18/34

19. UNDERTAKER Quirk & Tobin Co. (ADDRESS) 20 West Linwood

20. FILED Oct 17 1934 M M Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1934 . 19
 22. HEREBY CERTIFY, That I attended deceased from Sept 5, 1934, to Oct 15, 1934
 I last saw her alive on Oct 15-1934. Death is said to have occurred on the date stated above, at 6:15 P M
 The principal cause of death and related causes of importance were as follows:

Aluekerne
720 Syberia
 Other contributory causes of importance: _____
 Date of onset 3 mo

Name of operation 720 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) W. M. Crowe, M. D.
 (Address) 121 N. Main
J. M. Crowe

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

