

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

Do not use this space.

JAN 22 1935

43342

1. PLACE OF BIRTH

County Jackson Registration District No. 404  
Township Madame Primary Registration District No. 5588  
City Kansas City (No. 21 - Virginia Lane) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8080  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 21 Virginia Lane 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) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David B. Kerlagon  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 9 17

OCCUPATION  
8. 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) Massouri

MOTHER FATHER  
13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Clarence D. Kerlagon  
(ADDRESS) 21 Virginia Lane

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wilmington, Mo DATE Dec. 27, 1934

19. UNDERTAKER B. D. Lindsay Sons  
(ADDRESS) 3811 Broadway, K.-C. Mo

20. FILED Dec. 27, 1934 Fred R. Lindsay  
Registrar

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Dec 27, 1934  
I last saw her alive on Dec. 26, 1934 Death is said to have occurred on the date stated above, at 12.05 P.M.

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

Astoria sclerosis Date of onset  
31 Phthisis nephritis 1920  
82A  
97  
Other contributory causes of importance:  
Contracture muscles 1934  
Myoplegia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) Fred R. Lindsay, M. D.  
(Address) 80<sup>1/2</sup> S. Paseo

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

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.

