

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

Do not use this space.

MAR 26 1935

5199

**1. PLACE OF DEATH**

County Jackson Registration District No. 996  
 Township Fort Osage Primary Registration District No. 5552  
 City Near Buckner (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Louise Idora Kelle Vanvordall  
 (a) Residence, No. On Farm near Buckner Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Layton Vanvordall</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3<sup>rd</sup> 1905</u>				
7. AGE	YEARS <u>29</u>	MONTHS <u>10</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>			
	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) <u>Denver Colorado</u>				
FATHER	13. NAME <u>George A. Kelle</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Birdella Kaeter</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Layton Vanvordall</u> (ADDRESS) <u>Buckner Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buckner Mortuary</u> DATE <u>Feb 15 1935</u>				
19. UNDERTAKER <u>Ott &amp; Mitchell Undertaking Co.</u> (ADDRESS) <u>Independence Mo.</u>				
20. FILED <u>8-10</u> 19 <u>35</u> <u>H. D. Ransaw</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Feb 12 1935  
 I last saw him alive on Feb 9 1935. Death is said to have occurred on the date stated above, at 108 m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Embolus Date of onset 2/7/35  
32 minutes  
1450  
 Other contributory causes of importance:  
Pneumonia 17 days  
Child birth 22 days before  
Phlebitis 24 hours  
 Name of operation Delivery Forceps Date of 2/2/35  
 What test confirmed diagnosis? Clinical 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? NO  
 If so, specify George T. Taylor, M. D.  
 (Signed) H. D. Ransaw (Address) Independence Mo.

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.

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