

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.

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

Do not use this space.

APR 26 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. KC General Hosp) St. 1309 Ward)

File No. 9357  
Registered No. 1309

2. FULL NAME

(a) Residence, No. 2734 Holly St., Ward.

(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) July 5, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
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) K.C. Mo.

13. NAME Kenneth Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utah

15. MAIDEN NAME Lorise Felis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Deputy Clerk (ADDRESS) KC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE March 27, 1935

19. UNDERTAKER Approchen (ADDRESS) 1415 20

20. FILED 3-26-35 M. M. Crowe ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1935 to 3-26, 1935  
I last saw her alive on 3-26, 1935 Death is said to have occurred on the date stated above, at 11:55 pm  
The principal cause of death and related causes of importance were as follows:

measles  
Date of onset  
Other contributory causes of importance:  
Broncho pneumonia

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  
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) J. J. Jensen M. D.

(Address) KC Gen Hosp

