

NOV 21 1935

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

Do not use this space.

32635

1. PLACE OF DEATH

County

Township

City

Jackson
Kans
Kansas City

Registration District No.

Primary Registration District No.

(No.)

399
1002
714 E 8th

File No.

Registered No.

St.

Ward

3207

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

St.

Ward.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

Madge E. Lourey
714 East 8th
9 yrs. 9 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lourey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April-4-1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

55

6

—

OCCUPATION

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

Nurse

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)

Nov-1934

11. Total time (years) spent in this occupation

36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown
Unknown

13. NAME

Unknown

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

Unknown
Unknown

15. MAIDEN NAME

Unknown

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

Unknown
Unknown

17. INFORMANT (ADDRESS)

Mrs E. F. Cady
2148 East 4th

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Blue Cypress Mo.

DATE

10-5-35

19. UNDERTAKER (ADDRESS)

D. C. Satterlow
Partner Kansas

20. FILED

10/4/35

W. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct-4-1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 20 1935 to Oct 4 1935

I last saw her alive on *Oct 3 1935* Death is said

to have occurred on the date stated above; at *7-A* m.

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

Ch. valvular disease of heart

Date of onset

Other contributory causes of importance

manic depressive insanity

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) *H. E. Rippe* M. D.

(Address) *710 Prof Bldg*

Ke mo.

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

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