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.

NOV 21 1935

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

Do not use this space.

32767

1. PLACE OF DEATH
County Jackson
Township ~~Kew~~
City Kansas City
Registration District No. 398
Primary Registration District No. 2062
(No. 5118 Walnut Street St. - Ward)
File No.
Registered No. 3946

2. FULL NAME Mrs. Katheryn Asbury
(a) Residence, No. 5118 Walnut Street St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Illinois

FATHER
13. NAME Fletcher Laundy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Katheryn Gleason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

17. INFORMANT (ADDRESS) Luther L. Asbury 5118 Walnut Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Oct. 17 1935

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Missouri

20. FILED 10-16 1935 M M Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Oct 14, 1935
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1931

Other contributory causes of importance:
Senility

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) Frank J. Hall, M. D.
(Address) 1036 Argyle Bldg

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8
5

Dr [illegible]
Argyle [illegible]
1 - 5