NOV 21 1935

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Mary's Hosp. St. Ward)
Registration District No. 390
Primary Registration District No. 1002
File No. 32831
Registered No. 8041

2. FULL NAME Isabel Geraldine Slocum
(a) Residence, No. 4110 E. 25 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 Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred. G. Slocum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20-1910
7. AGE Years 24 Months 11 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Kansas City Mo.

FATHER
13. NAME Wm T. Best
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Rose Keifer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Fred. G. Slocum 4110 E. 25th
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 10-22 1935
19. UNDERTAKER (ADDRESS) Cy Curs. K. C. Mo
20. FILED 10-21 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19th 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1935, to Oct. 19, 1935
I last saw her alive on Oct. 19, 1935. Death is said to have occurred on the date stated above, at 1.45 a.m.
The principal cause of death and related causes of importance were as follows:
Diabetes Coma
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Blood sugar Was there an autopsy? Yes
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) E. L. Ginsberg, M. D.
(Address) 709 Shankert Bldg

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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