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.

DEC 26 1935

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

Do not use this space.

36092

File No.

Registered No. 1546

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 100 East 36th St. Ward)

2. FULL NAME Dorothy Reid Peppard

(a) Residence, No. 100 East 36th 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 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 John List Peppard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Kansas City
(STATE OR COUNTRY) Missouri

FATHER

13. NAME William M. Reid

14. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Alice Moore

16. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

17. INFORMANT John List Peppard
(ADDRESS) 100 East 36th Street

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Washington Cem DATE Nov. 13, 1935

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED Nov 12, 1935 M. M. Cerone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1929, to Nov 11, 1935.

I last saw her alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Shock Nov. 10. Sudden	
Cerebral hemorrhage	
left middle cerebral with intraventricular	
hemorrhage.	
Gunshot Rt. hemiplegia	

Other contributory causes of importance:

Hyp. Lobar bronchopneumonia since 1929.

Name of operation no Date of

What test confirmed diagnosis? 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

(Signed) Landon S. Bulue, M. D.

(Address) 1122 Professional Bldg.