

FEB 20 1936

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

Do not use this space.

1555

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. Research Hospital) St. _____ Ward)

File No. _____
Registered No. 400
St. _____ Ward)

2. FULL NAME Theresa Ruth Wilkinson

(a) Residence, No. 3531 Gladstone Boulevard, _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 3 16

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) (STATE OR COUNTRY) Minnesota

13. NAME T. T. Kvale

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

15. MAIDEN NAME Randi Ellingho

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

17. INFORMANT Dr. E. A. Wilkinson
(ADDRESS) 3531 Gladstone Boulevard

18. BURIAL CREMATION, OR REMOVAL PLACE Forest Hill DATE 1/26 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gladstone Boulevard

20. FILED 1-26 1936 M. Cerone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1936

I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to Jan 24 1936
I last saw her alive on Jan 24 1936 Death is said to have occurred on the date stated above, at 3:55 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Bilateral) Date of onset Jan 15, 1936

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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? No
If so, specify _____
(Signed) Robert McPherson M. D.
(Address) 1024-25 Professional Bldg

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.

Professional Bldg.,
GR-Gr-2892 1024

JAN 19 1943