

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

Do not use this space.

1562

1938 20 1938

1. PLACE OF DEATH

County Gallison Registration District No. 399 File No. _____
 Township Keokuk Primary Registration District No. 1002 Registered No. 416
 City Kansas City (No. 7-C General Hosp) St. _____ (Ward)

2. FULL NAME

(a) Residence, No. 1812 Baltimore Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 4 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 | 1 | 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Iowa

13. NAME Henry Meruman

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

15. MAIDEN NAME Christine Woolbur

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

17. INFORMANT Reuben Clark
 (ADDRESS) K C Gen Hosp Rm

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Hills DATE 1-27-36

19. UNDERTAKER Pete B. Lopez
 (ADDRESS) 536 Campbell

20. FILED 1-27-36 19. 36 M. M. O'Connell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1935 to 1-24, 1936

I last saw her alive on 1-24, 1936 Death is said to have occurred on the date stated above, at 11:30 am

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

Septicemia; Diabetic
Diabetic gangrene

Date of onset _____

Other contributory causes of importance:
Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) J. J. O'Connell M. D.

(Address) K C Gen Hosp

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.

1875