

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

Do not use this space.

15114

MAY 19 1936

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City Mo (No. 4)

Registration District No. 399

File No.

Primary Registration District No. 1002

Registered No.

Research Hospital St. 1022 Ward

2. FULL NAME

(a) Residence, No. Mary D. Kershner St. Paola, Kan 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

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) Paola, Kan

MOTHER 13. NAME Walter D. Kershner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paola, Kan

15. MAIDEN NAME Grace Mammen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paola, Kan

17. INFORMANT Leila Kershner (ADDRESS) 1326 E. Cannon Kc Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paola DATE Apr 16 1936

19. UNDERTAKER Roy Wilson (ADDRESS) Paola, Kan

20. FILED Apr 16 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8 1936, to April 7 1936

I last saw him alive on April 6 1936 Death is said to have occurred on the date stated above, at 504 St.

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

Lobar pneumonia Date of onset 4/2

Other contributory causes of importance:

Influenza 3/5/36

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? no

If so, specify _____

(Signed) Reese Davis M. D.

(Address) 1025 Professional Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

