

AUG 24 1936

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

Do not use this space.

26481

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 3820)

Registration District No. 399
Primary Registration District No. 1002
Genesee

File No.
Registered No. 3146
St. Ward)

2. FULL NAME Kate L. Shedd(a) Residence, No. 3820 Genesee St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife
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) Ohio13. NAME Gravesman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.15. MAIDEN NAME Grismere16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.17. INFORMANT Mrs. Helen B. Shofstall
(ADDRESS) 3820 Genesee18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Neb. DATE July 6, 193619. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas20. FILED July 5, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1936

22. I HEREBY CERTIFY That I attended deceased from June 30, 1936 to July 3, 1936
A last saw her alive on July 29, 1936. Death is said to have occurred on the date stated above at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion 6-30/36
946
Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis physical signs 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) Lumuel E. Shaw, M. D.
(Address) 113 Medical Center 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.

Dr. Laurence Wood,

Mass. Cent.