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.

SEP 29 1936

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

Do not use this space.

30828

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3622
City Kansas City, Mo. (No. Lakeside Hospital St. Ward)

2. FULL NAME Mrs. Lela Fern Vallier
(a) Residence, No. Richmond Kans. St., Ward. Kansas.
(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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: B. D. Vallier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 2, 1899

7. AGE: YEARS 36 — MONTHS 11 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Grant City Missouri

FATHER
13. NAME: David Rowen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grant City Missouri

MOTHER
15. MAIDEN NAME: Stella Goff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grant City Missouri

17. INFORMANT (ADDRESS): Bryan Vallier Richmond Kansas

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Ottawa Kansas DATE Aug 5 1936

19. UNDERTAKER (ADDRESS): McVey Mortuary Ottawa Kansas

20. FILED Aug 5, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-28-, 1936, to 8-5-, 1936
I last saw her alive on 8-5-, 1936 Death is said to have occurred on the date stated above, at 8.40 p.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis, Shock, Pituitrine Toxemia. — Date of onset: 2 Wks before

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Other contributory causes of importance:
Sub. acute pancreatitis
Hemorrhagic & massive Necrosis.

Name of operation Exploratory & Drain Date of 7-29-36
What test confirmed diagnosis? Lab & Clin 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) Dr. C. S. Linville, M. D.
(Address) 612 Chambers Bldg.