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

Do not use this space.

45013

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo
Registration District No. 399
Primary Registration District No. 1002
(No. St. Luke Hospital St. Ward)
File No.
Registered No.

2. FULL NAME Mrs Mabel Fern Kirkpatrick

(a) Residence, No. St., 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 15, 1911

7. AGE YEARS 26 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsw
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) Lenexa Kans

FATHER
13. NAME E G Toine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Hazel Axtell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Arthur G Kirkpatrick KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olathe Ks. DATE 12-28-1936

19. UNDERTAKER (ADDRESS) W. L. Lyons & Sons Olathe, Kansas

20. FILED Dec 28, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28, 1936

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

	Date of onset
Confluent Broncho pneumonia	12-15-36

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Autopsy 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) F. C. Helwig M. D.
(Address) St. Luke Hosp. Bruce B. Rolf Kansas City, Mo.

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.

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NSAS