

FEB 25 1937

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

Do not use this space.

1405

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 4133 Michigan 7) St. _____ Ward _____

File No. _____
Registered No. 156

2. FULL NAME Mrs. Millie Freeman

(a) Residence, No. 4133 Michigan St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1917 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 26

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. 26²
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Henry Temme

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

15. MAIDEN NAME Louise Schaepperkoetter

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

17. INFORMANT Mrs. Claude R. Steele (ADDRESS) 4133 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan. 14, 1937

19. UNDERTAKER D. W. Newcomer's & Sons (ADDRESS) Brushcreek & Pageo

20. FILE Jan 12 1937 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 1936 to Jan 12 1937
I last saw him alive on Jan 12 1937 Death is said to have occurred on the date stated above, at 1:15pm
The principal cause of death and related causes of importance were as follows:

Acute Inflammation
Senility
Date of onset 12-1-36

Other contributory causes of importance: None
Name of operation None Date of _____
What test confirmed diagnosis? Phys. Exam. Was 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) D. J. Davis M. D.
(Address) 907 Waldheim 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.

Walheim Bldg
room 130 per

vi 4740