

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 8 1937

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

Do not use this space.

9672
1830

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. Trinity Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Alida Waugh
 (a) Residence, No. 5813 Harrison St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 11 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13, 1859</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>3</u>	<u>6</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>				
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) <u>New York</u>				
13. NAME <u>James D. Vandeburg</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>				
15. MAIDEN NAME <u>Sarah P. Crosby</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>				
17. INFORMANT (ADDRESS) <u>Mrs. H. L. Redford Kansas City, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Colorado Springs, Col. 3-21-37</u>				
19. UNDERTAKER (ADDRESS) <u>Freeman Mortuary Kansas City, Missouri</u>				
20. FILED <u>3-20-37</u> <u>M. M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-37 1937

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1937, to March 19, 1937
 I last saw him alive on March 19, 1937. 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:
Myocarditis Chronic
This was his condition when I first saw him
 Date of onset _____

Other contributory causes of importance:
Distention of gall bladder
Cause unknown No symptoms of gall stones
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) H. M. Callahan, M. D.
 (Address) 3850 Brooklyne

OCCUPATION
FATHER
MOTHER

3850

1-3 P.M.