

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.

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 15440

Township Kaw

Primary Registration District No. 1.002

Registered No. 1986

City Kansas City (No. 3433 Summit)

St. 1986 Ward

2. FULL NAME

Patricia Ann Kessinger

(a) Residence, No. 3433 Summit 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Kansas

13. NAME Ralph Kessinger

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

15. MAIDEN NAME Emma Mitash

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

17. INFORMANT Ralph Kessinger (ADDRESS) 3433 Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 4-28-37 19

19. UNDERTAKER QUIRK AND TOBIN (ADDRESS) 20 W. Linwood

20. FILED 4 27 1937 M. M. Crowe, Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1937

22. I, HEREBY CERTIFY, That I attended deceased from April 26 1937 to April 27 1937

I last saw her alive on April 26 1937 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Pertussis — April 5-1937 Date of onset

Other contributory causes of importance: Broncho-Pneumonia — April 24 '37
Otitis media — April 25 '37

Name of operation None Date of
What test confirmed diagnosis? Autopsy 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) Charles Yeldridge M.D. M. D.
(Address) 6247 Brookside Blvd

