

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

Do not use this space. ✓

**MAY 15 1937**

**15494**

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 219, West Armour Blvd. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Bella Isabel Megede  
 (a) Residence, No. 219 West Armour Blvd 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.

File No. \_\_\_\_\_  
 Registered No. 2040

**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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>15</u>	<u>69</u>	<u>9</u>	<u>18</u>	

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

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) Missouri

13. NAME Louis Megede

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

15. MAIDEN NAME Isabel Dollinger

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

17. INFORMANT Amelia Megede (Sister)  
 (ADDRESS) 219 West Armour Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE May 2, 1937

19. UNDERTAKER Stine & McClure  
 (ADDRESS) 3235 Gillham Plaza

20. FILED Apr 30 1937 M. M. Grove  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to April 30, 1937  
 I last saw her alive on April 29, 1937. Death is said to have occurred on the date stated above, at 6 A. m.  
 The principal cause of death and related causes of importance were as follows:

Cosmory Thrombosis

Date of onset 4/30

Other contributory causes of importance:  
Recovery from an attack of Pleurisy.

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) E. J. Furlinger M. D.  
 (Address) 2715-19 Aspley Plaza

WRITE PLAINLY IN INK

N. B.—Every item of information should be carefully supplied. AGE should be stated in full. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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after 11

2/16

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

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**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City (No. *219 W. Armour Blvd*)..... St. .... Ward)

File No. *2040*  
Registered No.....

**2. FULL NAME**

*Miss Isabel Negede*  
(a) Residence, No. *219 W. Armour Blvd* 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*).....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 30, 1937*

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

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

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

*Coronary Thrombosis* Date of onset.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

*RECOVERING FROM ATTACK OF PLEURISY FOLLOWING*  
Other contributory causes of importance.....  
*Recovering from attack of Pleurisy following*  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME.....

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

15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED *4/30*, 19*37* *In In Crowe* Registrar.

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?..... If so, specify..... (Signed) *E. W. Guilinger* M. D. (Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Short statement of OCCUPATION is very important.

**PRELIMINARY**

5-15494