

JUN 12 1937

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

Do not use this space.

19040

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 19024 Registered No. IDEA
City Kansas City (No. St Marys Hospital) St. _____ Ward _____

2. FULL NAME

Lonnie W Teegarden
(a) Residence, No. 1208 Orange Ave K.C. Mo. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 11 1937, to May 14 1937
I last saw him/her alive on May 14 1937. Death is said to have occurred on the date stated above, at 6 P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 46

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. Braes/Moulder
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) May 1937
11. Total time (years) spent in this occupation 22

Ruptured aortic aneurysm, Hemio-thorax Date of onset Sudden

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

Other contributory causes of importance: (96)

13. NAME Andrew Teegarden

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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

15. MAIDEN NAME Dean Courtney

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)

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

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Mrs Cora Teegarden Wife 1208 Orange Ave K.C. Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE May 17 1937

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

19. UNDERTAKER (ADDRESS) Daniels Bros 644 Kansas Ave K.C. Mo.

(Signed) A J Cornwell M.D.
(Address) 1913 Medical City Bldg. K.C. Mo.

20. FILED May 16 1937 M. M. Cronin Registrar.

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.

Dr. P. J. O'Connell
Medical Arts Bldg.