

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Trinity Lutheran Hosp.) St. Ward

File No. 36587
 Registered No. 2020

2. FULL NAME Mrs. Luella Plattenburg
 (a) Residence, No. 5345 Woodland St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 10 - 4, 1937, to 10 5 37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1863

I last saw her alive on 10 5 37, 1937 Death is said to have occurred on the date stated above, at 5:30 P. M.

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>73</u>	<u>9</u>	<u>26</u>		

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. Home
 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

Basilar meningitis Date of onset
Chronic Hypertension
Intestinal nephritis

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

Other contributory causes of importance:

13. NAME Wilkinson

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19

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

Where did injury occur?
 (Specify city or town, county, and State)

17. INFORMANT Quincy Lee Plattenburg
 (ADDRESS) 5345 Woodland

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

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Oct. 6 1937

Manner of injury

19. UNDERTAKER D. V. Newcomer's Sons
 (ADDRESS)

Nature of injury

20. FILED Oct 6 1937 M. M. Brown
 Registrar

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

(Signed) , M. D.

(Address) Prof. B. B. B. B.

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

2
31
31

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 4016
City..... (No. Family Hospital) St. Ward.....

2. FULL NAME

Mrs Luella Platterburg
(a) Residence, No. 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 ♀ 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73

OCCUPATION
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.....

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10/6 27 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1937

22. I HEREBY CERTIFY, That I attended deceased from to....., 19.....
I last saw h..... alive on....., 19..... 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:

Bacterial Meningitis
Interstitial Nephritis
Chronic
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) [Signature] M. D.

(Address)

SUPPLEMENTARY

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, and be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT REC OR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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