

NOV 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 36604Township Kansas CityPrimary Registration District No. 100Registered No. 4033City Kansas CityNo. St. Luke's Hospital

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Concordia, Mo. 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr-10-1901</u>				
7. AGE	YEARS <u>36</u>	MONTHS <u>5</u>	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>School Teacher</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Missouri13. NAME H. N. P. Walkerhorst14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Missouri15. MAIDEN NAME Kara Pollicie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Missouri17. INFORMANT (ADDRESS) H. N. P. Walkerhorst Concordia Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia, Mo. DATE Oct. 7, 193719. UNDERTAKER (ADDRESS) H. F. Sweeney Concordia Mo20. FILED Oct 7, 1937 M. M. Crowe Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-7-193722. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1937 to Oct. 7, 1937. I last saw him alive on Oct. 7, 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:

Primary Cause of Death  
Concordia of the  
Generalized Intestines  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 49

Name of operation Colestrom Date of Sept 27  
What test confirmed diagnosis? Manry Was there an autopsy? no23. 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) F. P. Helweg M. D.  
(Address) St. Luke's Hospital

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

