

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

Do not use this space.

**JAN 17 1938**

**43953**

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. K. C. General Hospital, K.C. Mo.) St.          Ward         

File No. 4856  
 Registered No.         

2. FULL NAME Mary Lavelette ( or Dorothy Herritt )  
 (a) Residence, No. 2827 E. 9th, Str., Terr. 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 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) Sept. 15th, 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 2 16

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1st, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 11-29 1937 to 12-1 1937  
 I last saw her alive on 12-1 1937; Death is said to have occurred on the date stated above, at 4:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

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

Disease, Melioidosis and Toxic Hepatitis  
 Other contributory causes of importance: 59

MOTHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 13. NAME Charles Lavelette  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Victoria Teaboldt  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy? Yes

17. INFORMANT Mrs. Victoria Lavelette, Str. St.  
 (ADDRESS) St. Joseph, Missouri  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Memorial Park DATE Dec. 4th, 1937

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         

19. UNDERTAKER (ADDRESS) Mrs. C.L. Forster  
Kansas City, Missouri  
 20. FILED Dec 3 37 M. Crown  
 Registrar.

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify           
 (Signed) P. F. De Maria, M. D.  
 (Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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