

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

Do not use this space.

JAN 17 1938

44108

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 100

City K. C. Mo.

(No. St. Joseph Hospital)

File No. **5011**

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mrs. Julia Reardon Koehler

(a) Residence, No. 3840 Benton 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 4

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

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) Kansas City, Mo.

FATHER 13. NAME Edward Reardon

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

MOTHER 15. MAIDEN NAME Mary Sullivan

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

17. INFORMANT Harry P. Koehler
(ADDRESS) 3840 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE Dec. 14, 1937

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED Dec 13 1937 M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937 to Dec. 11, 1937.

I last saw her alive on Dec. 11, 1937. Death is said

to have occurred on the date stated above, at 7:20 P.M.

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

St. Joseph's Hospital Date of onset

5. Head

and

other (T. P. H.)

Other contributory causes of importance: 4/6

Name of operator Dr. J. M. C. Stewart Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) J. M. C. Stewart, M. D.

(Address) 1140 E. Morgan

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.

1-30314

