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.

REC'D JUN 9 1938

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

Do not use this space.

17258

File No. 1955

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City, Mo. (No. General Hospital St. Ward)

2. FULL NAME Mrs. Katherine L. Dudley 340

(a) Residence, No. 4227 S. Benton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15, 1917

7. AGE: YEARS 21 — MONTHS — DAYS 25 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Missouri 0

FATHER

13. NAME: Arthur Kincaid 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER

15. MAIDEN NAME: Beulah Fazee

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

17. INFORMANT (ADDRESS): Carl H. Dudley, 4227 S. Benton, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE May 14 1938

19. UNDERTAKER (ADDRESS): C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED May 11, 1938 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10. 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9:45 P.M.

Deputy Coroner

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

Date of onset

Bichloride of mercury poisoning

Other contributory causes of importance: 163

Name of operation ... Date of ...

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5-8-1938

Where did injury occur? K.C. Mo. (Specify city or town, county, and State)

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

Manner of injury Self administered

Nature of injury powdered bichloride

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Felix B. Buhler, M. D.

(Address) Gen Hosp, K.C. Mo