

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

Do not use this space.

JAN 22 1935

43342

1. PLACE OF DEATH

County Jackson
Township Madison
City Kansas City

Registration District No. 404
Primary Registration District No. 5588
(No. 21 - Virginia Lane)

File No. 8080
Registered No. 8080
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 21 Virginia Lane 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) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David B. Kerlagon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 9 17

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massouri
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Clarence D. Kerlagon 21 Virginia Lane
18. BURIAL, CREMATION, OR REMOVAL PLACE Wilmington, Mo DATE Dec. 27, 1934
19. UNDERTAKER (ADDRESS) R. D. Lindsay & Sons 3811 Broadway, K.C. Mo
20. FILED Dec. 27, 1934 Fred R. Lindsay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Dec 27, 1934
I last saw her alive on Dec 26, 1934 Death is said to have occurred on the date stated above, at 12.05 A.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset 1920
Chronic nephritis
Coronary thrombosis
Other contributory causes of importance: hypertension 1934
hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Fred R. Lindsay, M. D.
(Address) 802 S. Paseo

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.

