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.

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

Do not use this space.

9895

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo (No. 4235 Campbell Street St. 1151 Ward)

File No.
Registered No.

2. FULL NAME Mrs. Kate K. Aisquith
(a) Residence. No. 4235 Campbell Street St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	85	8	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missisippi

PARENTS
10. NAME OF FATHER Thomas Lykens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Myra Penrice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missisippi

14. INFORMANT Mrs. J.P. Somerville
(Address) 4235 Campbell Street

15. FILED 3/11, 1931 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/10/31 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to March 10, 1931 that I last saw her alive on March 9, 1931, and that death occurred, on the date stated above, at 1:12 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
87B Cerebral Sclerosis
98B
(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Senile Gangrene left foot
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Fred B Kyger M. D.
3-10, 1931 (Address) 914 Medical Gilstead

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Joseph, Missouri	3/12/31
20. UNDERTAKER	ADDRESS
Freeman Mortuary, K.C.Mo.	

Dr. [illegible] Kagan
Medical Arts Bldg.

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