

DEC 18 1934

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

Do not use this space.

39340

1. PLACE OF DEATH

County Jackson
Township
City Kansas City

Registration District No. 399
Primary Registration District No. 1008
(No. Mercy Hospital)

File No. 4220
Registered No. 4220
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Lawsen Mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Lawsen, Mo

FATHER 13. NAME Mark Tegarden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

MOTHER 15. MAIDEN NAME Pauline Stode

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Spring Mo

17. INFORMANT (ADDRESS) Mark Tegarden Lawson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawsen DATE 11-4 1934

19. UNDERTAKER (ADDRESS) Cloude Prichard Excelsior Spring Mo

20. FILED 11-4-34 M. M. Osborne
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1934, to Nov 4 1934. I last saw her alive on Nov 4 1934. Death is said to have occurred on the date stated above, at 12:40 17m. The principal cause of death and related causes of importance were as follows:

Insanition
Dehydration 159
150
Other contributory causes of importance: Syphilis

Name of operation No 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? _____ 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? No

If so, specify _____

(Signed) Clyde K. Randall, M. D.

(Address) Mercy Hospital
KC 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.



JAN 24 1935

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