JUN 17 1936

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

Do not use this space.

19426

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2580
City Kansas City (No. 1213 - Wyandott (Aladdin Hotel) St. Ward)

2. FULL NAME Burie Van Sandt
(a) Residence, No. 1213 Wyandott 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: Fe
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 Walter N. Van Sandt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 10, 1899

7. AGE — YEARS: 37 — MONTHS: — DAYS: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Trenton Mo

FATHER
13. NAME Frank Baugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton

MOTHER
15. MAIDEN NAME Mary Link
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Walter N Van Sandt 1213 Wyandott

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE May 12, 1936

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn

20. FILED May 10, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1935, to May 9, 1936
I last saw her alive on May 9, 1936 Death is said to have occurred on the date stated above, at 8:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	May 9 1936
826	

Other contributory causes of importance:

Generalized arterial disease (arteritis)	Nov. 1936

Name of operation none 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? No
If so, specify —
(Signed) Graham Asher, M. D.
(Address) 1220 Professional Bldg

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Prof Berg
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