NOV 16 1936

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

Do not use this space.

37915

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Mrs Katherine Scannel
(a) Residence, No. 5119 Grand 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. 3 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Almon S Scannel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-31-1860

7. AGE: YEARS 76 — MONTHS 1 — 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.: 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): Waunotusa Wisconsin

FATHER
13. NAME: Wm Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mr Howard Scannel 5119 Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ill DATE Nov-2 1936

19. UNDERTAKER (ADDRESS): Wm McWcomers Sons Kansas city - Mo.

20. FILED 10-30 1936 M M Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1936, to Oct. 29, 1936
I last saw her alive on Oct. 29, 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 months

Other contributory causes of importance: Rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? .....

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) Dr John O Skinner, M. D.
(Address) 1402 Bryant, K.C. 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.

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Dr. J. O Skinner
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