

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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FEB 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo (No. 116 Side Hospital)

1291
File No. 304
Registered No. 304
St. _____ Ward _____

2. FULL NAME

Wanda Rose Buddle
(a) Residence, No. 2801 Flora 3548 Flora 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 5 18

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

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) Kansas City, Mo

13. NAME Wm M. Buddle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, N.Y.

15. MAIDEN NAME Margaret Sttelio

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Wm M. Buddle
(ADDRESS) 2801 Flora

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 1/26/39

19. UNDERTAKER O. V. Max Funeral Home
(ADDRESS) 3186 Main St.

20. FILED Jan 25 1939 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1939

22. I HEREBY CERTIFY, that I attended deceased from Dec 25, 1938, to Jan 25, 1939

I last saw him alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

Pneumococci 890 (Infective)
Cerebro-Spinal Meningitis 7 days

Other contributory causes of importance:

Otitis Media - 5 days

Myringitis, Dec 25 1938

Name of operation no Date of none
What test confirmed diagnosis? Lab 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) George J. Conroy M. D.
(Address) 116 W 47th KC, Mo

Conroy

Mr. Conroy