

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11/11/40
(Specify whether
In this community Life 550
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3544 Highland Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT

FULL NAME Mrs. Katie M. Harms 460
Boller

(b) If veteran, name war None (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Fred J. Boller 6. (c) Age of husband or wife if alive Wife years
7. Birth date of deceased February 15 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 12 hr. min.

9. Birthplace unknown (City, town, or county) (State or foreign country)

10. Usual occupation Business Woman

11. Industry or business _____

MOTHER FATHER { 12. Name John Harms

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Woman

(b) Address 3544 Highland

17. (a) Burial (b) Date thereof July 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) July 29 1940 (b) M. M. Crave
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1940 hour 1 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 8 1940 to July 27 1940
that I last saw her alive on July 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Pulmonary Collapse Duration 8 days

Due to Peritonitis

Due to Rupture of Afferent Intestine Duration 19 days

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Afferent Intestine PHYSICIAN

Of a day Massive Pulmonary Collapse Localized Peritonitis
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Wilson (M. D. or other)
Address Flora Med. Bldg Date signed 7-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

