

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

8035

1. PLACE OF DEATH
 County Jackson Registration District No. _____ File No. 286
 Township Kau Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. 2400 East 29th St.) (Ward) _____
 2. FULL NAME Mrs. Caroline Honeywell
 (a) Residence No. 2400 E. 29th St. Ward _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 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) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1 - 1846
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 0 20 _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work home
 (b) General nature of industry, business, or establishment in which employed (or employer) mother
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 14. INFORMANT Mrs. Charles H. Luce
 (Address) 2400 East 29th
 15. FILED 22, 1922 M. M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 - 1922
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1922, to March 21, 1922, and that I last saw her alive on March 21, 1922, and that death occurred, on the date stated above, at 9:50 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
 (duration) yrs. mos. ds. _____
 CONTRIBUTORY (SECONDARY) Cardiac Debetation
 (duration) yrs. mos. ds. _____
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) George F. Brown, M.D.
3/22, 1922 (Address) 501 Ellis Bldg
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Salina Kas. 3/22 1922
 20. UNDERTAKER ADDRESS
Ozlar Bros.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. R.—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.

