

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

Do not use this space.

998

1. PLACE OF DEATH

County Jackson
Township Kays
City Kansas City Mo. (No. 2733)

Registration District No. 399
Primary Registration District No. 1002
Cypress

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Hulda Netmore
(a) Residence No. 2732 Cypress St. 14 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. _____
How long in U.S., if of foreign birth? yrs. mos. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 9 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 | 6 | 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Concordia
(STATE OR COUNTRY) Lafayette Co. Mo.

10. NAME OF FATHER Otto Ewert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Concordia
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Rosa Otting

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Concordia
(STATE OR COUNTRY) Mo.

14. INFORMANT Evarin W. Ewert
(Address) Concordia Mo.

15. Jan 3 28 M.M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 25 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1927, to Jan 2, 1928
(that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 12:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet fever with overwhelming toxemia
69B (duration) _____ yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH: no DATE OF _____

20. WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS Exam throat & rash
(Signed) D. W. Edwards, M. D.

Jan 3, 1928 (Address) K. C. Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Concordia Mo. DATE OF BURIAL Jan 3 1928

20. UNDERTAKER N. F. Quensing Concordia Mo.

K. 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.

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

