

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

Do not use this space.

9003

File No. 1-76
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1007
City Kansas City No. 2331 Ward 1st

2. FULL NAME

Frances Louise Israel
(a) Residence No. 2331 Ward 1st St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 7, 1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>18</u>	<u>11</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Wichita
(STATE OR COUNTRY) Kans.

10. NAME OF FATHER Harry L Israel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wichita
(STATE OR COUNTRY) Kans.

12. MAIDEN NAME OF MOTHER Ada Corn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wichita
(STATE OR COUNTRY) Kans.

14. INFORMANT Harry L. Israel
(Address) 20331 Ward

15. FILED 3/16 19 28 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1927, to March 16, 1928 that I last saw her alive on March 14, 1928 and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Several years

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? all
(Signed) Edith A. Rice, M.D.
3/16, 1928 (Address) 620 Shubert 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 27 1928

20. UNDERTAKER D. H. Newcomer's Sons ADDRESS 10. 1700

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.

670 Blue Hill 1/15/55
via 3455.

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