

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

Do not use this space.

24123

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 24123  
Township Kearney Primary Registration District No. 1062 Registered No. 3251  
City Kansas City, Mo. East 8th St. 3251 (Ward)

**2. FULL NAME**

Mrs. Rosa A. Thornton

(a) Residence. No. 3012 East 8th St., \_\_\_\_\_ Ward. \_\_\_\_\_ (If nonresident give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 1 6

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Saline Co., Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Patrick Loftus

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

12. MAIDEN NAME OF MOTHER Bridget Flynn

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

14. INFORMANT Vincent L. Thornton  
(Address) 3012 E. 8th St.

15. FILED 7/30/28 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to July 28, 1928, and that I last saw him alive on July 28, 1928, and that death occurred, on the date stated above, at 845 O.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angrina Pectoris  
94R  
97 (duration) \_\_\_\_\_ yrs. mos. da.  
CONTRIBUTOR Arteriosclerosis  
(SECONDARY) (duration) 10 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? Consultation  
7/ (Signed) H. Snow, M. D.

(Address) 916 Chamber 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 Shackelford, Mo. DATE OF BURIAL 7-31-28

20. UNDERTAKER A. H. Newcome's Sons & Co.  
ADDRESS

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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