

WRITE PAINLY, 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.

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

Do not use this space.

33749

1. PLACE OF DEATH
 County Johnson Registration District No. 399
 Township Ham Primary Registration District No. 4690-E-30th 1002
 City W.E. Mo (No. 4690-E-30th 1002) Registered No. 4290
 (Usual place of abode) (If nonresident give city or town and State)
 2. FULL NAME Jane Fossell
 (a) Residence, No. 4690-E-30th St., 14 Ward.
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work child
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Louis Fossell

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

12. MAIDEN NAME OF MOTHER Louisa Wood

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

14. INFORMANT Louisa Wood
 (Address) 4620 - 6 - 30th

15. FILED 10/22, 1928 M.M. Corneil REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20, 1928

17. I HEREBY CERTIFY, that I attended deceased from Deputy Coroner
19, to 19, and that I last saw him alive on 3, 1928, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Resistant Pharynx
67 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 67 (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? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Deputy Coroner
 (Signed) Deputy Coroner, M. D.
10/26, 1928 (Address) Deputy Coroner

*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 Elmwood DATE OF BURIAL Oct 22, 1928

20. UNDERTAKER Rose & Henderson ADDRESS City Mo

