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.

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

Do not use this space.

41063

1. PLACE OF DEATH
County: Jackson Registration District No.: 399 File No.:
Township: Kaw Primary Registration District No.: 1002 Registered No.:
City: Kansas City No.: 3916 Bellefontaine St. Ward)

2. FULL NAME: Mrs. Sophia Roth
(a) Residence. No. 3916 Bellefontaine St. Ward. 16
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 47 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Andrew C. Roth

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4, 1854

7. AGE: Years 74 | Months 5 | Days 22 | If LESS than 1 day, ____ hrs. or ____ min.

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) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: George Kemnitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Margaret Meckel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Andrew C. Roth
(Address): 3916 Bellefontaine

15. FILED 12-26, 1928 M. M. Crowe, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Dec 26, 1928, that I last saw h. alive on Dec 26, 1928, and that death occurred, on the date stated above, at 8 05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Coma
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) yrs. mos. ds.

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? History of Case
(Signed) Calvin T. Beard, M. D.
12-26 1928 (Address) 532 Altman 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: Calvary DATE OF BURIAL: Dec 29 1928

20. UNDERTAKER: D. H. Neuromeis ADDRESS: Sou. K.C. Mo

5919 [illegible]

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