

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.

1526

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No.

399

Primary Registration District No.

1002

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence. No. 10 E. Concord St., 8 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 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)

widow

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

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

Oct. 15, 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80

2

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(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)

Covington

Ohio

10. NAME OF FATHER

Geo. W. Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn

12. MAIDEN NAME OF MOTHER

Mahida

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn

14.

INFORMANT (Address)

Frank Y. Hoskinson
10 E. Concord

15.

FILED

1-10, 1929 m. m. crave
east REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

Jan. 9, 1929

17.

HEREBY CERTIFY That I attended deceased from

Jan 9, 1929 to Jan 9, 1929
that I last saw her alive on Jan 2, 1929, and that death occurred, on the date stated above, at 10 E. Concord m.

THE CAUSE OF DEATH WAS AS FOLLOWS

Cardio-renal vascular
complex

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

Hypertension

(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?

(Signed)

H. A. Pfeiffer M. D.

(Address) Medical Bldg

STATE THE DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Washington Jan 11, 1929

20. UNDERTAKER

ADDRESS

L. H. Newcorn's Sons K.C. Mo.

818

126

2222

2-4730