

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

Do not use this space.

16362

2270

1. PLACE OF DEATH

County Jackson

Township Ram

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

No. 630

West 60th Street terrace

File No. 2270

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 630 W 60th St terrace 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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)

Jan 14 - 1869

7. AGE

YEARS 61

MONTHS 4

DAYS 14

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Hauf

9. BIRTHPLACE (CITY OR TOWN)

St Louis County Missouri

10. NAME OF FATHER

William Moss

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

12. MAIDEN NAME OF MOTHER

Mannis Cray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

14.

INFORMANT

(Address)

M Tipton
620 W 60th St in Kansas City Mo

15.

FILED

1930

M Tipton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from May 28 1930 to May 29 1930 that I last saw her alive on May 28, 1930 and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Arteriosclerosis
94B
94A (duration) 2 yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
clinical
H. S. Roush, M. D.
14, 1930 (Address) 924 Rector 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

DATE OF BURIAL

Andreasse Missami

May 31 1930

20. UMBERTAKER

ADDRESS

John J. Shukan

H. P. Mc

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.

