

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

Do not use this space.

26847

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 3934 Harrison)

File No. \_\_\_\_\_  
Registered No. 3459  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Hoelne, Sophia Leonard

(a) Residence. No. 3934 Harrison St. 6 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) Dec. 9, 1852

7. AGE	YEARS	MONTHS	DAYS	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) New York  
(STATE OR COUNTRY)

10. NAME OF FATHER Bernard Leonard

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

12. MAIDEN NAME OF MOTHER Sophie Upton

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

14. INFORMANT J. L. Hoelne  
(Address) 3934 Harrison

15. FILED 8/20 1930 M. M. Croome  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 19 1930

17. I HEREBY CERTIFY That I attended deceased from June 19 1930 to Aug 19 1930 that I last saw her alive on Aug 19 1930, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Intractable nephritis  
(duration) several yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Chronic myocardial degeneration  
(duration) several yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) J. W. Hocking M. D.  
8/19 1930 (Address) 818 West 10th St, 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 Oak Hill Cemetery Lawrence Kansas DATE OF BURIAL August 22 1930  
ADDRESS \_\_\_\_\_

20. UNDERTAKER John J. Sheehan Kansas City, Mo.

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.

