

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

Do not use this space.

26949

399

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township East Primary Registration District No. 177  
 City Kansas City (No. Vineyard Park Hospital Registered No. 5562 Ward)

**2. FULL NAME**

Florence Dipe  
 (a) Residence. No. Ambassador Hotel Ward. \_\_\_\_\_  
 (Usual place of abode)

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 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 Albert W Dipe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
30 2 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. at home  
 (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) England

10. NAME OF FATHER Wm J Holland

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Albert W Dipe  
 (Address) Ambassador Hotel

15. FILED 8/29/30 M. M. Brown REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to Aug 27, 1930, that I last saw him alive on Aug 27, 1930, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary edema 92C  
 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Acute myocarditis  
 (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical signs  
 (Signed) E. M. Martin, M. D.

\*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.  
101 Sharp St. Kansas City, Mo  
8/29. 19 30

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's DATE OF BURIAL Aug 29 1930

20. UNDERTAKER L. H. Newcomer ADDRESS 101 Sharp St. Kansas City, Mo

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.

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