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.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 33114

Township Kaw — Primary Registration District No. 1002 — Registered No. 4340

City Kansas City (No. Evangelical Hospital St. Ward)

2. FULL NAME Mrs. Caroline Jeffers

(a) Residence. No. 5832 Prospect St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John S. Jeffers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27, ~~1850~~ 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	53	11	29	

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) Ill. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John T. Holman

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mr. John S. Jeffers (Address) 5832 Prospect

15. FILED 10/27, 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 25-1930, 19..., to Oct 26, 1930, that I last saw her alive on Oct 25, 1930, and that death occurred, on the date stated above, at 1:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation & Stenosis
Chronic Myocardial decompensation
chr interstitial nephritis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Hypostatis Pneumonia Lobar (duration) yrs. mos. 6 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? Phys. Exam.

(Signed) Julius Fischer, M. D.

Oct 27, 1930 (Address) 337 Hatboro Bldg Kansas City, Mo

*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
Mt Moriah Cemetery	10-28-30

20. UNDERTAKER	ADDRESS
R.V. Lindsey & Sons, Inc.	Kans City Mo