

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

Do not use this space.

39368

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Raw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 2930 Ward Victor)

File No. \_\_\_\_\_  
 Registered No. 1935  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Frances Hill  
 (a) Residence No. 2930 Victor St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 1, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 10 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Lorena Hill  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mr. A. H. Ruf  
 (Address) 2930 Victor

15. FILED 78 1930 M. M. Corvick  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 6, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Dec 5, 1930 that I last saw h. in alive on Dec 1st, 1930, and that death occurred, on the date stated above, at 12:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho-pneumonia  
(Primary)  
10 1/2  
11 1/2 (duration) yrs. mos. 5 ds.

CONTRIBUTORY Pulmonary Hemorrhage  
 (SECONDARY) (duration) yrs. mos. 1/2 ds.

**18. WHERE WAS DISEASE CONTRACTED**

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. Collins, M. D.

176 1930 (Address) 2707 Cleveland Ave

\*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**

Forests Hill

Dec 8 1930

**20. UNDERTAKER**

**ADDRESS**

W. W. Newcomer's Sons

2111 E. 9<sup>th</sup> St.

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.

Mr. Charles A. Jones  
2707 Cleveland  
9:30 - 10