

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

Do not use this space.

10114

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. 3815 Bales Avenue)

Registration District No. 399
Primary Registration District No. 1002

File No. 1387
Registered No. 1387
St. _____ Ward _____

2. FULL NAME Mrs. Rosa Crooks

(a) Residence, No. 3815 Bales Avenue St. 16 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. (If nonresident, give city or town and State)

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 Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 10

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) Freemont, Ohio

10. NAME OF FATHER David Henricks

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

12. MAIDEN NAME OF MOTHER Malinda Humbarger

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

14. INFORMANT Mrs. Nellie Linscott (Address) 3815 Bales Avenue

15. FILED 3/23/31 M. M. Crooks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29-1931

17. I HEREBY CERTIFY, That I attended deceased from 2-5-1931 to 3-22-1931, that I last saw h. alive on 3-22-1931, and that death occurred, on the date stated above, at 5:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46D
46B
Carcinoma (Rectum - Invading Gastrointestinal tract from personal experience) (duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 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 Clinical
(Signed) R. Crooks, M. D.

(Address) 3/23, 1931 6235 E. 15.

*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 3/24/31

20. UNDERTAKER, ADDRESS Freemont Mortuary K.C.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.

120 0.15.0000 120

6235 E 15. th lt

12.3!40