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.

MAY 23 1931

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

Do not use this space.

14036

File No. .....

Registered No. 142

1. PLACE OF DEATH

45 County Jackson — Registration District No. 398

Township Blue — Primary Registration District No. 5554

City Kansas City, Mo (No. 9808 Morrell, Fairmont, Mo St. ..... Ward)

2. FULL NAME Mrs Cordelia M. Onan

(a) Residence. No. 9808 Morrell, Fairmont, Mo Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 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 XXXXXXXX (OR) WIFE OF James Onan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28, 1864

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 4 | 12 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home 275

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbus, Ohio
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Goff

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT H. L. Goldberg
(Address) 9808 Morrell Ave, Fairmont, Mo

15. FILED 4-10, 1931 F R Cook REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 6th, 1931, to April 10, 1931, that I last saw her alive on April 8, 1931, and that death occurred, on the date stated above, at 1:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

99A

101A (duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Valvular Heart disease

92A (duration) 11 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? Physical examination

(Signed) J. N. Hill, M. D

4/10, 1931 (Address) 11037½ Winner Rd Independence 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 Mt. Washington Cemetery

DATE OF BURIAL 4/13/31 19

20. UNDERTAKER Freeman Mortuary

ADDRESS K.C. Mo