

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

Do not use this space.

17890

2025

**1. PLACE OF DEATH**

County Jackson

Registration District No. 1002

Township St. Joseph

Primary Registration District No. St. Joseph Hospital

City Kansas City

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 4245 Greenwood Place Ward 7

(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 Female 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) Unknown

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

**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) St. Marys  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER B. Monroe

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Lawrence Mc Hale  
(Address) 4245 Greenwood Place

15. FILED 5.2.31 M. Mc Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 - 1931

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to May 1, 1931, that I last saw her alive on Apr 30, 1931, and that death occurred, on the date stated above, at 12 Midnight m.

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

Congestive Heart Failure

2 yrs (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Chronic myocarditis, Endocarditis

20 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED POW

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none  
(Signed) Dr. E. Knappfueger M. D.

517. 1931 (Address) 934 Oregon Bldg KC 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 St. Marys Kansas DATE OF BURIAL May 3 - 1931

20. UNDERTAKER Daniel Pius ADDRESS Raymond

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.

Geo. C. Knappenberg  
Vic 8327 11 am  
Argyle Bldg.