

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 3903
(No. 4022 South Benton)

File No. 25188
Registered No. 3188
St. _____ Ward _____

2. FULL NAME

Rena Rohrer Hershey

(a) Residence. No. 4022 South Benton St. 16 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herbert E. Hershey
Aug 1921, 1870

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 11 3

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. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edward P. Rohrer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Julia Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Herbert E. Hershey
(Address) 4022 So. Benton

15. FILED 7/24, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1931

17. I HEREBY CERTIFY, That I attended deceased from 7/20, 1931, to 7/22, 1931, and that I last saw h. her alive on 7/22, 1931, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
13213
82A
Cerebral Edema - Chronic
(duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY Hypertension, left heart failure, Chronic
(SECONDARY) _____
(duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 4
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical + Lab
(Signed) E. T. Gibson, M. D.
7/23, 1931 (Address) 1218 Poplar St, 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. Joseph, Mo DATE OF BURIAL 7/24 1931

20. UNDERTAKER Stine & McClure ADDRESS 3235 Hickman
Plaza

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. [unclear]

Rev. [unclear]

Ms - B. 1. 10