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.

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

Do not use this space. 25203

Registration District No. 399

Primary Registration District No. 1002

File No. 3204

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 2721, Troost St. Ward)

2. FULL NAME: John Francis Rossiter
(a) Residence, No. Chicago Ill St., X 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Sarah Rossiter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Febr 21 - 1866

7. AGE: Years 65, Months 5, Days 3. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chief Special
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agent - Chicago R. I. & P. Ry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 28 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER
13. NAME: Rossiter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

MOTHER
15. MAIDEN NAME: Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

17. INFORMANT: George Rossiter
(ADDRESS) 323 Kansas Topeka Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Topeka Kan DATE: July 25, 1931

19. UNDERTAKER: Eylar Funeral Home
(ADDRESS) 1800 Linwood

20. FILED: 7/25 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-24, 1931

22. I HEREBY CERTIFY (Deputy Coroner) That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute	
Chronic myocarditis	
93C	
97B	

Other contributory causes of importance:

93C

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Hunter M. Hacey, M. D.
(Address) Deputy Coroner