

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

Do not use this space.

28296

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 800
Primary Registration District No. 3062
(No. 4321 Bellefontaine)

File No. _____
Registered No. 3424
St. _____ Ward _____

2. FULL NAME Cilia Kross

(a) Residence, No. 4321 Bellefontaine St. 7 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris Kross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 13. NAME Jesiah Kamensky

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lee Kross
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem. DATE 8-10-31. 19.

19. UNDERTAKER J.P. Louis Funeral Home
(ADDRESS) K.C. Mo.

20. FILED 8/10 - 1931 M.M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Octob. 29, 1929 to Aug 9, 1931
I last saw h. or alive on Aug. 9, 1931 Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:

circumstances of uterus
48
48
48
Other contributory causes of importance: metastatic carcinoma of uterine

Date of onset Febr. 1928

Name of operation exploratory incision Date of 1930
What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. Wolf, M. D.
(Address) 620 Arzoo Bldg

