

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

Do not use this space.

40993

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1003
(No. St. Mary's Hospital)

File No. _____
Registered No. 4981
St. _____ Ward _____

2. FULL NAME Mrs. Jennie O. Angell

(a) Residence No. 3304 Gillham Rd. St. 6 Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Do not know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William G. Angell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 8 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 828
(b) General nature of industry, business, or establishment in which employed (or employer) 1140
(c) Name of employer 36

9. BIRTHPLACE (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Chas. A. Froberg

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

12. MAIDEN NAME OF MOTHER Caroline Flinch

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

14. INFORMANT Mrs. Hazel Sanders,
(Address) 3304 Gillham Road, K.C. Mo.

15. FILED 17/16 31 M.M. Croove
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15th- 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1931 to 12-15-1931 that I last saw him alive on 12-15-1931, and that death occurred, on the date stated above, at 11:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Staphylococcus cellulosae of face
8213
CONTRIBUTORY Cavernous sinus thrombosis (SECONDARY)
multiple abscesses of lungs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH, 3304 Gillham Rd

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 4, 1931

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Physical findings
(Signed) W. A. ... M. D.

1916 (Address) 1401 S. W. Blvd. K.C. Kan

*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 Forest Hill DATE OF BURIAL Dec. 18 1931

20. UNDERTAKER Gates Funeral Home ADDRESS K.C. Kans.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. 50 No. 2.

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. Coar - J.H. N. 20
attn: J.