

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 336

Township Fair

Primary Registration District No. 100

City Kansas City (No. 2615 East 28)

File No. 1092  
Registered No. 130  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Florence G. Roessler

(a) Residence, No. 2615 East 28 St. 11 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank G. Roessler

22. I HEREBY CERTIFY That I attended deceased from June 30, 1929 to 1-11-32  
I last saw h. or alive on 1-11-32 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-6-1856

to have occurred on the date stated above, at 2:50 p.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 2 6

Uremia;  
Chronic interstitial  
nephritis  
hypertension  
Other contributory causes of importance:  
atherosclerosis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 130

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

13. NAME Daniel Garfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont 0

15. MAIDEN NAME Marietta Stoddard

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

17. INFORMANT Frank G. Roessler (ADDRESS) 2615 East 28

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo DATE Jan 13 1932

19. UNDERTAKER A. P. Doerfler (ADDRESS) 1415 East - 15

20. FILED Jan 13 19 3:50 p.m. M. Carowe Registrar

Name of operation Chumb Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? 0 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0  
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0  
If so, specify \_\_\_\_\_  
(Signed) W. H. Carowe, M. D.  
(Address) 1415 East - 15

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of cause of death.

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