

**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. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 4043 Bellefontaine)

File No. 5689  
 Registered No. 610 Ward

**2. FULL NAME**

Betty Elizabeth Hogland

(a) Residence, No. 4043 Bellefontaine St., Ward.

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hogland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 2 27

8. Trade, profession, or particular kind of work done, as splanner, 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) Sweden

13. NAME Hoagland

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

15. MAIDEN NAME Anderson

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

17. INFORMANT J. J. Hoagland (ADDRESS) 3823 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem DATE 2-11-33

19. UNDERTAKER Stice & McClure (ADDRESS) 3235 William Plaza

20. FILED 2/8 1933 M. M. Crowe Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932 to Feb 8, 1933

I last saw her alive on Feb 8, 1933 Death is said to have occurred on the date stated above, at A. M. 8:30

The principal cause of death and related causes of importance were as follows:

Chronic endocarditis  
auricular fibrillation  
Chronic glomerulonephritis

Other contributory causes of importance:  
Chronic glomerulonephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

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) M. M. Crowe M. D.  
 (Address) 1044 E. 13th St. Kansas City

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

48  
10  
9

24  
24  
24

100-100000-100000  
100-100000-100000  
100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000