

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

Do not use this space.

6062

1. PLACE OF DEATH

County Jackson Registration District No. 889
 Township Franklin Primary Registration District No. 3002
 City Kansas City (No. 2538 Euclid)

File No. _____
 Registered No. 1 10122
 St. _____ Ward _____

2. FULL NAME

Caroline Ester
 (a) Residence, No. 2538 Euclid St. _____ 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 Female 4. COLOR OR RACE Local 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1842

7. AGE YEARS 90 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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) Mo.

MOTHER FATHER 13. NAME Perry Moses

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

15. MAIDEN NAME Sarah Grandberry

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

17. INFORMANT Leona Ester (ADDRESS) 2538 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Osageville, KS DATE 3/3 1938

19. UNDERTAKER Hatfield Bros Undert Co (ADDRESS) 172 Lyden

20. FILED 3/2 1938 M. W. Crowne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1933 to 2-28, 1933
 I last saw her alive on 2-28, 1933 Death is said to have occurred on the date stated above, at 5:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
aortic Regurgitation
Chronic Parenchymatous Nephritis
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab Exam 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? No
 If so, specify _____
 (Signed) M. W. Bruce M. D.
 (Address) 311 New Central Bldg

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.

St. Hubert Bruce, New Centre Bldg.