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.

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

Do not use this space.

23338

File No. 3044

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 2316 Troost St. Ward)

2. FULL NAME Maude H. Over

(a) Residence, No. 2316 Troost Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edwin J. Over

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

7. AGE: Unknown — YEARS: abt 55 yrs. — 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.: House Wife

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): Illinois

FATHER

13. NAME: Dr. W.F. Hobbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Alice Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Daughter Mrs. Riordan

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forrest Hill DATE: July 26, 1933

19. UNDERTAKER (ADDRESS): Mellody & McGilley

20. FILED: July 26, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from many years, to July 24, 1933

I last saw her alive on July 24, 1933. Death is said to have occurred on the date stated above, at 7:10 P. m.

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

Sarcoma of Liver — Date of onset

46E.

53E

46

Other contributory causes of importance:

Sarcoma of left eye removed in 1922

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms 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) L. G. Taylor, M. D.

(Address) 3738 Harrison St. K. C. Mo