

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Paul
City Kansas City

Registration District No. 899
Primary Registration District No. 893
(No. MURROE & River Front)

File No. 29851
Registered No. 3777
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Murroe & River Front 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 8 27

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

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) Oklahoma City
Okla

13. NAME Ernest Rosa

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

15. MAIDEN NAME Rosal Foster

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

17. INFORMANT (ADDRESS) Ella Rosa
Murroe & River Front

18. BURIAL, CREMATION, OR REMOVAL buried cross DATE Sept 25, 1933

19. UNDERTAKER (ADDRESS) Funeral Home
Independence Mo

20. FILED 9/24 1933 M. M. Crown
Web Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Submassive Embolus
Acute Regurgitation

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? post Was there an autopsy? yes

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) Wesley A. Jones, M. D.
(Address) See Summary

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.

Oct 20 1933

52

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