MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City, Mo. (No. 4100 Roanoke Road St. 548 Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 4831
Registered No.

2. FULL NAME Mrs. Eva Corrine Homan

(a) Residence, No. 4100 Roanoke Road 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter L. Homan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	9	21	

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) Illinois

FATHER
13. NAME Henry Clay Conover
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Carrie Nofsinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. W. L. Horsenpiller 4100 Roanoke Road, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem DATE Feb. 5-34, 19

19. UNDERTAKER (ADDRESS) C.H. Blackman & Son, 2825 Indep. Blvd. K.C.Mo.

20. FILED 2-4, 1934 M. M. Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1934 to ~~Aug~~ Feb 5, 1934
I last saw her alive on Feb. 4, 1934 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset Jan. 26 1934

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) [signature], M. D.
(Address) 402 Wirthman Bldg

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.

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