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

Do not use this space.

26705

1. PLACE OF DEATH
County: Kan Jackson Registration District No.: 399 File No.:
Township: 15 aw Primary Registration District No.: 1002 Registered No.: 26705
City: Kansas City (No.: Research Hospital St.: Ward)

2. FULL NAME: Rose J. Pressly
(a) Residence, No.: Blue Springs Mo 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.

JUL 17 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11-1880

7. AGE: Years 54 | Months 5 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Wife
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): Chanute Kan

FATHER
13. NAME: J. Ricketts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER
15. MAIDEN NAME: Nancy Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

17. INFORMANT (ADDRESS): J. O. Pressly Blue Springs

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Springs Mo DATE: 7-1, 1934

19. UNDERTAKER (ADDRESS): J. B. Webb. Blue Springs Mo.

20. FILED: 6-29, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to June 29, 1934
I last saw her alive on June 29, 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:

	Date of onset
Myocardial failure	
1228	
1229	1 29

Other contributory causes of importance:
Pelvic Pleuritis
Pneumonitis - Lung partial
Infected tube Gallbladder non specific

Name of operation: None Date of:
What test confirmed diagnosis: Hyperal signs 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) Edw. M. Mieras, M. D.
(Address) Folk Building Kansas City Mo

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.

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