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.

NOV 13 1934

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

Do not use this space.

35940

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 4432
Township ~~R.A.W.~~ — Primary Registration District No. [illegible] — Registered No.
City KANSAS CITY (No. ST. LUKE'S HOSPITAL St. Ward)

2. FULL NAME MRS. EMMA M. NORTHWAY
(a) Residence, No. 2626 - JACKSON St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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 CHARLES EMERY NORTHWAY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-14-1860

7. AGE: YEARS 74 ~~65~~ — MONTHS 5 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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

1860

12. BIRTHPLACE (CITY OR TOWN) BELEVILLE (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME CHARLES STOSBERG
14. BIRTHPLACE (CITY OR TOWN) COLOGNE (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME CHRISTINE RHUE
16. BIRTHPLACE (CITY OR TOWN) BERLIN (STATE OR COUNTRY) GERMANY

17. INFORMANT MRS. ROSS R. WAGNER (ADDRESS) BLOOMINGTON, ILLINOIS

18. BURIAL, CREMATION, OR REMOVAL
PLACE SEDALIA, MO. DATE OCT-3 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 10/2 1934 M. McCrone Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-1 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-7-, 1934, to 10-1-, 1934
I last saw her alive on 9-30-~~3~~, 1954 Death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism from R. iliac thrombosis.	
	5

1860

Other contributory causes of importance:
Suppurative Cholecystitis
Fracture R. femoral neck
Insertion Smith-Petersen
Name of operation nail Date of 9-29-34
What test confirmed diagnosis? Acc Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 7-7-, 1934
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Stumbled + fell on hip
Nature of injury Fractured neck rt femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Duncan C. McKeever, M. D.
(Address) 1600 Prof. Bldg.

1600 Professional Bldg.
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