DEC 1 8 1934

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

Do not use this space.

39487

File No. 45983

Registered No.

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City K. C. Mo (No. 1222 College ave, St. ..... Ward)

2. FULL NAME Julia Belle Eoff
(a) Residence, No. 1222 college 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Alexander Eoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5-1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	10	11	

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. Housewife
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) Mo

FATHER
13. NAME Ale Wayman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Chas. L. Eoff
(ADDRESS) 1222 College Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov 19-1934

19. UNDERTAKER Mrs. C. L. Funeral
(ADDRESS) 914 Brooklyn Ave

20. FILED 11-17 1934 M M Krivel
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-16-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934, to time of death 11/16 1934.
I last saw him alive on Nov 16, 1934. Death is said to have occurred on the date stated above, at 6 50 m P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	11/13-34
13	13
9	6

Other contributory causes of importance:
General Cerebral Arteriosclerosis.
Gangrene leg, partial by - central
Eczemia & Chronic Interstitial nephritis.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
Pathologist.

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? No.
If so, specify
(Signed) Bernard T. Volkmann M.D.
(Address) 1002 Benton Blvd Kansas City Mo.