

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

Do not use this space.

5611

1. PLACE OF DEATH

County Jackson
Township West
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 4324 Forest Avenue)

File No. —
Registered No. 3006
St. — Ward —

2. FULL NAME

Ida B. Hill

(a) Residence, No. 4324 Forest Avenue St. — 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 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 P. H. Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 78

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) No information

13. NAME Cooksey

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

15. MAIDEN NAME No information

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

17. INFORMANT (ADDRESS) P. H. Hill
4324 Forest Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE March 1 1935

19. UNDERTAKER (ADDRESS) Thos. McElure
3232 Hillhouse Place

20. FILED 27 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1935 to Feb 27 1935
I last saw him alive on Feb 27 1935. Death is said to have occurred on the date stated above, at A. m. 8:30
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
senility
101

Other contributory causes of importance:
Heart Insufficiency

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

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) Osceola Jackson, M. D.
(Address) 507 Adams Bldg

George Washington