

MAY 24 1935

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

Do not use this space.

13043

1. PLACE OF DEATH

County JacksonRegistration District No. 122Township Kans.Primary Registration District No. 1002City Kansas City(No. Research Hospital)

File No. _____

Registered No. 1002St. Mo. Ward _____

2. FULL NAME

Josephine Hoey(a) Residence, No. 1918 East 31

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)

Married

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

Robert W. Hoey

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

Aug 12, 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

57810

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

Marengo Iowa

FATHER

13. NAME Hamilton Crenshaw

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

Ind

MOTHER

15. MAIDEN NAME Alice Edwards

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

Ohio17. INFORMANT Robert W. Hoey(ADDRESS) 1918 East 31

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marengo Iowa DATE April 24, 193519. UNDERTAKER Wagner Funeral Home(ADDRESS) 204 W. Linwood20. FILED 4-24 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from

April 13, 1935 to April 22, 1935I last saw her alive on April 22, 1935 Death is said to have occurred on the date stated above, at 3:08 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 4-15-35

Other contributory causes of importance:

AspirationName of operation none Date of _____What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) Walter J. Hook, M. D.(Address) 510 Commercial 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.

Prof. Na 0550

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