

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

Do not use this space.

13150

April 24 1935

1. PLACE OF DEATH

County Jackson Registration District No. 3-178
 Township Leaw Primary Registration District No. 1194
 City Kansas City (No. KC General Hosp) St. _____ Ward _____

File No. _____
 Registered No. 10130
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 209 W. 16th 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Koster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25, 1890</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>4</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>14. W. Koster</u>
	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) Kansas

FATHER 13. NAME Wm S. Scott

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

MOTHER 15. MAIDEN NAME Margaret Coates

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

17. INFORMANT Reina Clark
(ADDRESS) 12 C Gen Hosp 12th St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Queen Haven DATE May 3 1935

19. UNDERTAKER Mrs. L. P. Foster
(ADDRESS) 918 Broadway

20. FILED 5-2 1935 M. M. Crowe cock
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-27 1935 to 4-30 1935

I last saw him alive on 4-30 1935 Death is said

to have occurred on the date stated above, at 4:40 AM

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

Acute and Chronic Nephritis Chronic Myocarditis
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 Other contributory causes of importance:
Acute cystitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) [Signature], M. D.

(Address) 12 C Gen Hosp

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.

