

MAY 14 1935

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

Do not use this space.

1. PLACE OF DEATH

 County Jackson Registration District No. 389
 Township Jacks Primary Registration District No. 1002
 City Kansas City (No. KC Gen Hosp) St. 1150 Ward)

16427

File No.

Registered No.

St. 1150 Ward)

2. FULL NAME

 (a) Residence, No. 4409 E 9th 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>W.</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>Gene A. Boswell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-30-1900</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>0</u>
	DAYS <u>7</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	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) <u>Iowa</u>		
MOTHER	13. NAME <u>Wm. L. Carr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delmar</u>	
	15. MAIDEN NAME <u>Gene Mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scottland</u>	
17. INFORMANT (ADDRESS) <u>Gene A. Boswell</u> <u>4409 E 9th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Resurrection Hosp. Mortuary</u> <u>5-8-35</u>		
19. UNDERTAKER (ADDRESS) <u>Shiel Funeral Home</u> <u>6608 Independence</u>		
20. FILED <u>5-7</u> 19 <u>35</u> <u>M. M. Crow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 193522. I HEREBY CERTIFY, That I attended deceased from 4-20 1935 to 5-7 1935I last saw her alive on 5-7 1935. Death is saidto have occurred on the date stated above, at 8:15 a.m.

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

Pulmonary Tuberculosis Date of onsetwith Cantation

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis None 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) J. H. Bennett M.D. M. D.(Address) 4409 E 9th St. Kansas City

702120

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.

