

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

Do not use this space.

DEC 26 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hoop)

36086

File No. _____
Registered No. 5340
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Mrs. Frances C. Hoover St. _____ Ward. _____
(Usual place of abode) Monte Vista, Colo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Nov 11, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23, 1888

I last saw her alive on Nov 10, 1935 Death is said to have occurred on the date stated above, at 5 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 11 18

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

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

Union Pneumonia Date of onset 2 mo

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

Other contributory causes of importance: 80

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Kan

John Roselli 2 yr

13. NAME William Wilkey

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Floresville, Tex

15. MAIDEN NAME Catherine King

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs Hoover
Monte Vista, Colo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Monte Vista DATE Nov. 12 1935

24. Was disease or injury in any way related to occupation of deceased? Yes

19. UNDERTAKER (ADDRESS) Wagner Funeral Home

If so, specify _____ (Signed) Walter B. Coak, M. D.

20. FILED Nov. 12 1935 W. M. Cerome Registrar.

(Address) _____

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.

WHITE-CRIMINAL, WITH UNFOLDING TABS—THIS IS A PERMANENT RECORD

11 MAR 1948

Pro

Sta 0560

Ma 6308

Ja

6139 Marquette

APR 10 1948