

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

Do not use this space.

1258

1. PLACE OF DEATH

County..... Jackson Registration District No. 379
Township..... Kaw Primary Registration District No. 102
City..... Kansas City (No. 105 Benton Boulevard) St. Ward)

File No. 111
Registered No. 111

2. FULL NAME Julia B. Nofsinger

(a) Residence, No. 105 Benton Boulevard 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
94 7 7

OCCUPATION 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) Illinois

FATHER 13. NAME Lanson Baldin

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

MOTHER 15. MAIDEN NAME Anki Conken

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

17. INFORMANT Frank B. Nofsinger, (Son)
(ADDRESS) 105 Benton Blvd., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Washington Cemet
PLACE Kansas City, Mo. DATE January 9, 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED Jan 8 1936 M. M. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 27, 1933 to Jan 7, 1936

I last saw her alive on Jan 7, 1936. Death is said to have occurred on the date stated above, at P. a. m. 11:55
The principal cause of death and related causes of importance were as follows:

Date of onset Aug 35
Myocarditis (Acute)
Other contributory causes of importance Arteriosclerosis

Name of operation
What test confirmed diagnosis? Physical Signs of 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
Cause of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Stanley J. Travis, M. D.
(Address) 607 Republic

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If approximate, state so. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arg. VI-1825

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