

APR 23 1936

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

Do not use this space.

10690

1. PLACE OF DEATH Jackson
County Kan Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City, Mo. No. 5726 Harrison St. 1359 Ward

2. FULL NAME Kathryn Elvia Jessup
(a) Residence, No. 5726 Harrison St., Harrison Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Ralph Edwin Jessup</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5 1898</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>10</u>
	DAYS <u>6</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>	11. Total time (years) spent in this occupation
	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) <u>Nov. 25</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parkville Mo</u>		
FATHER	13. NAME <u>Frank S. Roehley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baden Germany</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Haeninger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parkville Mo</u>	
17. INFORMANT (ADDRESS) <u>Mr. Ralph E. Jessup 5726 Harrison - Kansas City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parkville Mo</u> DATE <u>Mar. 14 36</u>		
19. UNDERTAKER (ADDRESS) <u>Leland H. Francis Parkville Mo.</u>		
20. FILED <u>3-13 1936</u> <u>M. M. Crowe, asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to March 11 1936
I last saw h. or alive on March 11 1936 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Hodgkins Disease
Date of onset 1935

Other contributory causes of importance:
Hypostatic Pneumonia

Name of operation..... Date of.....
What test confirmed diagnosis? Blood test 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? No
If so, specify.....
(Signed) J. Underwood Sr., M. D.
(Address) Parkville Mo

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.

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