

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.

SEP 29 1936

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

Do not use this space.

30872

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 5439 Harrison St. St. 3067 Ward)

2. FULL NAME Mrs. Josephine A. Hall

(a) Residence, No. 5439 Harrison Street St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Brodie V. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 0 0

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) Kansas City,  
(STATE OR COUNTRY) Missouri

MOTHER 13. NAME Louis Goldblatt

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

15. MAIDEN NAME Ida Wiedemann

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

17. INFORMANT Brodie V. Hall  
(ADDRESS) 5439 Harrison St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Moriah DATE 8-10-36 19

19. UNDERTAKER Freeman Mortuary & Chapel  
(ADDRESS) Kansas City, Missouri

20. FILED Aug. 9, 1936, M. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936, to Aug 7, 1936  
I last saw her alive on Aug 7, 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Nephritis, chr. Parenchymatous 1929  
12/1  
Other contributory causes of importance: myocarditis chr 1936  
Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) R. G. Potter, M. D.  
(Address) 724 Proj. Bldg.

Dr. H. G. Patten  
Professional Bldg.

12-4 W.M.