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.

OCT 15 1936

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

Do not use this space.

34651

File No.

Registered No. 4384

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 627 Greenway Terr, St. Ward)

2. FULL NAME Mrs Ada M. Frost

(a) Residence, No. 627 Greenway Terr St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1866

7. AGE: YEARS 70 — MONTHS 3 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) New Hampshire

FATHER

13. NAME Charles Critcherson

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

MOTHER

15. MAIDEN NAME Sarah E. Glover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

17. INFORMANT (ADDRESS) Mrs George Fiske 627 Greenway Terr,

18. ~~BURIAL, CREMATION,~~ OR REMOVAL PLACE New Market, N.H DATE Sept. 1936

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

20. FILED Sept 30 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932, to Sept 28, 1936

I last saw her alive on Sept 28, 1936 Death is said to have occurred on the date stated above, at 9 30 p.m.

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

	Date of onset
Broncho-pneumonia	Sept 22 1936
10 7 N	

Other contributory causes of importance:

Intercostal neuralgia

Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical only 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) Thomas G. Orr, M. D.

(Address) Medical Arts Bldg Kansas City Mo.

Residence in Johnson Co. Kansas.

[illegible] G. [illegible]
[illegible] Arts B[illegible]
4 to 5 P.M

OCT 7 1952