

DEC 20 1936

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

Do not use this space.

Board of Health  
41509

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Baro Primary Registration District No. 1062  
City Kansas City (No. Gen. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Hannah Scholl  
(a) Residence, No. 4109 Broadway 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) Divorced  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/1/1894  
7. AGE YEARS 44 MONTHS 6 DAYS 6  
IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mail order dept  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Clarkburg  
(STATE OR COUNTRY) Mo

13. NAME George W. Linch

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Iowa

15. MAIDEN NAME Hannah Jane McKee

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Illinois

17. INFORMANT Caroline Halsted  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maple Grove DATE Dec-1-36

19. UNDERTAKER Mrs. C. L. Spitzer  
(ADDRESS) 918 Broadway

20. FILED 11-30-36 M. M. McInerney  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 29 1936  
22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:  
Automobile transportation  
Fracture of the skull

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external cause (trauma), fill in also the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_  
Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in \_\_\_\_\_, \_\_\_\_\_, or in public place.  
Manner of injury sluck by motor car  
Nature of injury \_\_\_\_\_

24. Was disease or injury of any kind related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) [Signature], M. D.  
(Address) [Address]

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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