

APR 8 1937

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

Do not use this space.

9355

1. PLACE OF DEATH

County Jackson
Township KAW
City K. C. Mo. (No. 4029)

Registration District No. 399
Primary Registration District No. 1002
City College St.

File No. 1070
Registered No. 1070
St. 9 Ward

2. FULL NAME

Mrs. Rosabelle Williams Houser

(a) Residence, No. 805 W. 61st Terrace St. Ward. 6
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Oscar Houser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1858
7. AGE YEARS 78 MONTHS 8 DAYS 12 If LESS than 1 day, hrs. or min.

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

13. NAME Thomas Chilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling, W. Va.

15. MAIDEN NAME Mrs. Sarah Virginia Ringo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ringo County, Ky.

17. INFORMANT Mrs. Francis Chilton Power
(ADDRESS) 805 W. 61st Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Wathena, Kansas DATE Mar. 2, 1937

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood, K. C. Mo.

20. FILED 3/1 37 m m Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to Feb. 28, 1937
I last saw h. alive on Feb. 23, 1937. Death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure - Date of onset Feb. 23
930
Other contributory causes of importance: (Chronic) Hypertensive Myocarditis June 15, 1936
Cerebral Embolism - Feb. 1, 1937

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) F. C. Latimer, M. D.
(Address) 624 Prof. Bldg

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.

Professione e libro

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