

APR 8 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson County  
Township Rox  
City Kansas City Mo. (No. 5331 Highland Ave.)

Registration District No. 399  
Primary Registration District No. 1002

File No. 9539  
Registered No. 1250  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rose M. Fadden(a) Residence, No. 5331 Highland Ave. (Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Ashland Ohio13. NAME George M. Fadden14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Mary M. Saul16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Sister Camell (ADDRESS) 5331 Highland Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Adair, Mo. DATE (Cul) 13-12-3719. UNDERTAKER Frank J. Decker (ADDRESS) Lawrence, Mo.20. FILED Mar 12 1937 M. M. Cronin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8<sup>th</sup> 193722. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937, to Nov 29, 1937 What saw h. alive on March 7, 1937 Death is saidto have occurred on the date stated above, at 3:15 p.m.

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

Chronic Myocarditis Date of onset: \_\_\_\_\_930 147Other contributory causes of importance: Arteriosclerosis 10270Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ What test confirmed diagnosis? Physical 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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Paul J. O'Rourke, M. D. (Address) 1412 Bryant 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.

WRITE IN PLAIN TYPE WITH INK—THIS IS A PERMANENT RECORD

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69  
3  
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