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.

JUN 12 1937

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

Do not use this space.

18926

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 3336 Paseo-Nora Manning Conval. Home Ward)

2. FULL NAME Mrs. Jennie H. Croft
(a) Residence, No. Inez Hotel St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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: Charles C. Croft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28, 1851

7. AGE: 86 YEARS, 2 MONTHS, 7 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Librarian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unity School
10. Date deceased last worked at this occupation (month and year): Feb. 2, 1928
11. Total time (years) spent in this occupation: 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oswego, New York

FATHER
13. NAME: CHURCHILL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Miss Retta M. Chillcott, 917 Tracy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newcomer's Vaults DATE May 8, 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomers Sons, Paseo & Brush Creek

20. FILED May 7, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/5/37, 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19
I last saw h..... alive on 8:30 P, 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:

Chronic myocarditis — Date of onset

93c

Other contributory causes of importance:

Name of operation: WO — Date of
What test confirmed diagnosis: Inspection — Was there an autopsy?

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) [signature], M. D.
(Address) [illegible]