JUL 10 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 379 — File No. 22780
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mrs. Mabel Rosenthal
(a) Residence, No. 1900 East 34th Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 46 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Herman Rosenthal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12, 1890

7. AGE: 46 YEARS, 9 MONTHS, 1 DAYS — 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): Kansas

FATHER
13. NAME: Andrew C. Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Emma Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Herman Rosenthal, 1900 East 34th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE June 15, 1937

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

20. FILED June 14, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to June 13, 1937
I last saw her alive on June 12, 1937. Death is said to have occurred on the date stated above, at 3:40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 11 '37
E.J.A.	

Other contributory causes of importance:

Occlusion Common Duct	May 1937
Cisterns Not (Stones)	May 1937

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) C W Rose, M. D.
(Address) 103 N. Elmwood

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.

X9314

Fr. C. H. Rose

103 N. Elmwood

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