AUG 11 1937

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

Do not use this space.

26357

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3070
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. K C Gen. Hosp St. Ward)

2. FULL NAME Zella Hope
(a) Residence, No. 604 W. 10th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1882
7. AGE: 55 YEARS, MONTHS, DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Kansas

FATHER
13. NAME Fred Pyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Mark Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Rewd Clerk K C Gen Hosp KC Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE July 20, 19
19. UNDERTAKER (ADDRESS) D. W. Newcomers Sons
20. FILED July 19, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18, 1937
22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1937 to 7-18, 1937
I last saw her alive on 7-18, 1937 Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic glomerular nephritis with uremia
Date of onset
Other contributory causes of importance:
131
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?
If so, specify
(Signed) P. F. De Maria, M. D.
(Address) Supt K C Gen Hosp KC Mo

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD