

JAN 17 1938

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

Do not use this space.

43943

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. 2306 Quincy Avenue, St. _____ Ward _____)

File No. _____
Registered No. 4846

2. FULL NAME Katherine Yost

(a) Residence, No. 2306 Quincy, K.C. Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

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 Yost

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9th, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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) MISSOURI

13. NAME William Gross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Linnie Mc Innis

(ADDRESS) 2306 Quincy Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec. 3rd, 1937

19. UNDERTAKER Mrs. C. L. Forster

(ADDRESS) Kansas City, Mo.

20. FILED Dec 2 1937 W. H. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30th, 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 1927 to Nov 30, 1937

Last saw her alive on Nov 29, 1937 Death is said to have occurred on the date stated above, at 11:50 P.M.

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

Ch. degenerative myocarditis - Eukemia - Bright Disease Date of onset _____

Other contributory causes of importance: Ch. sclerosis - Ch. diabetes - Hypertension - Family

Name of operation none Date of _____

What test confirmed diagnosis clinical 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) W. H. Crowe M. D.

(Address) 4800 E. 13th St. K. C. Mo.

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.

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Dr. Edmunds.

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