

JAN 19 1938

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

Do not use this space.

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1. PLACE OF DEATH

411 County Jackson Registration District No. 404
Township Kear Washington Primary Registration District No. 5558
City Kansas City (No. Armour Memorial Home St. _____ Ward _____)

2. FULL NAME

Emma Boob 100

(a) Residence, No. Armour Memorial Home 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 8

OCCUPATION 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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Joseph Boob

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

15. MAIDEN NAME Mary M. Sierer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Armour Memorial Home Records
(ADDRESS) 81st & Wornall Road, Kansas Cy. Mo.

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery
PLACE Kansas City, Mo. DATE 1-6-1938

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED Jan 5 1938 N. V. Lindsey & Sons
By R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1936 to Jan 4 1938
I last saw h. e. alive on Jan 4 1938. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis. Date of onset

Other contributory causes of importance:

Pulmonary Edema

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) W. C. Cantrell, M. D.

(Address) 810 Oregon St. Sedalia

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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