

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

Do not use this space.

1550

21

238

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Rosier Primary Registration District No. _____
 City Kansas City (No. 5817 Euclid) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Elizabeth Boss 2.00
 (a) Residence, No. 5817 Euclid St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Boss

22. I HEREBY CERTIFY, That I attended deceased from Jan - 13, 1938, to Jan 14, 1938
 I last saw her alive on Jan 13, 1938 Death is said to have occurred on the date stated above, at 1:10 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 1 15

Rheumatoid arthritis
respiratory failure
 Date of onset 1-12-38

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

Other contributory causes of importance:
Rheumatoid arthritis
in bed - helpless one year
now

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

FATHER
13. NAME Rathlesberger

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

MOTHER
15. MAIDEN NAME No record

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

17. INFORMANT Mrs. Ida Keilhack
 (ADDRESS) 5817 Euclid

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Jan. 17, 1938

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED Jan 17 1938 M. M. E. Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 n.e. speer
 (Signed) M. D.
 (Address) 3204 Coleman Rd., K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W.C. Smith
602
Dr 1452

3-5 FEB 17 1938

BUREAU OF VETERINARY MEDICINE
MO. STATE BOARD OF HEALTH