

REC'D MAR 4 1938

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. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 5319 Oak) St. _____ Ward _____

File No. 5879
Registered No. 945

2. FULL NAME

Mrs. Beretia Frances Stofes 316
(a) Residence, No. 5319 Oak St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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 widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. S. P. Stofes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1855
7. AGE YEARS 82 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland County Ohio

13. NAME Sullivan Boals
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield Co. Ohio

15. MAIDEN NAME Sarah Elizabeth Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Ohio

17. INFORMANT Dr. D. D. Stofes
(ADDRESS) 5319 Oak

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash. DATE Mar. 1, 1938

19. UNDERTAKER D. W. Newcome's Sons
(ADDRESS) 309 & Pased

20. FILED 7 28 38 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to Feb. 28, 1938.
I last saw her alive on Feb. 27, 1938. Death is said to have occurred on the date stated above, at 4:20 A. M.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis 1935
66w
Other contributory causes of importance: -
Toxic adenoma of the thyroid 1935

Name of operation none Date of _____
What test confirmed diagnosis? None 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) Graham Acker M. D.
(Address) 1220 Prof. Bldg.

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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Prof. B. B. B. 01-5231
1130 P.M. 65