

REC'D SEP 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship RawCity Kansas CityRegistration District No. 399Primary Registration District No. 1002(No. North East Hospital)File No. 28054Registered No. 3365

St. _____ Ward _____

2. FULL NAME Rose Estelle Richmond(a) Residence, No. Heber Springs, Arkansas, 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.

7

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFA. Harry Richmond

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

Sept. 3, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.611122

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) AUG. 9, 193811. Total time (years) spent in this occupation 41

FATHER

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

Golden Illinois13. NAME James Jagger

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

England15. MAIDEN NAME Frances Weidenheimer

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

Galesburg Illinois17. INFORMANT Mrs. O. N. Larsen(ADDRESS) 812 N. Washington Blvd, K. C. K.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Galesburg, Ill. DATE 8/25/3819. UNDERTAKER Geo. H. Long(ADDRESS) Kansas City, Kansas

20. FILED

Aug 25, 1938 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 17, 1938, to Aug. 25, 1938I last saw her alive on Aug. 24, 1938 Death is saidto have occurred on the date stated above, at 6 A. m.

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

Interstitial Nephritis (acute)
Septic pneumonia

Date of onset

Other contributory causes of importance:

ruptured appendix,
plate peritonitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical findings 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? No

If so, specify _____

(Signed) J. A. M. Powell(Address) 1500 Briggs Bldg, K. C., 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.

THIS IS A PERMANENT RECORD

