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

Do not use this space. 11011 ~~10961~~

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.: 1522

Township: Kaw — Primary Registration District No.: — Registered No.: 1522

City: Kansas City (No. Turnbull Hospital St. ..... Ward)

2. FULL NAME Rosella Flach

(a) Residence. No. 4911 E. 27th St. St., 14th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/11 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	—	—	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Missouri

PARENTS

10. NAME OF FATHER: Roy Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Ida Flach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Maple Hill, Kansas

14. INFORMANT: Mrs Nannie Lee Lane (Address) 4911 E. 27th St

15. FILED 3/28, 1929 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/22 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/11, 1929, to 3/22, 1929, that I last saw her alive on 3/22, 1929, and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Congenital malformations of the heart

1576 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1596 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harry S. Lane, M. D.

3/22, 1929 (Address) 4911 E 27

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: High Park Ave — DATE OF BURIAL: Mar 2 1929

20. UNDERTAKER: S. P. Doehler — ADDRESS: 1415 E 15