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

Do not use this space.

1384

1. PLACE OF DEATH
County Jackson — Registration District No. 395
Township Kew — Primary Registration District No. 1992
City Kansas City (No. Research Hospital St. Ward)
File No.
Registered No. 215

2. FULL NAME Ida Cozad
(a) Residence. No. Topeka, Kans. 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. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
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 OF Eliza Edward Cozad

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-28-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	0	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Topeka
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER A. J. Paramore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelby
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Lodeena Ann Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Eliza Edward Cozad
(Address) Topeka, Kansas

15. FILED 1/16, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-16 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1931, to Jan. 16, 1931, that I last saw her alive on Jan. 15, 1931, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital polycystic liver and kidneys
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Collapse of right lung
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? Topeka, Kans.
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Jan. 12, 1931
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) James E. Stowers, M. D
Jan. 16, 1931 (Address) Kansas City, Mo.

*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: Mt Hope
DATE OF BURIAL: 1-17-30

20. UNDERTAKER: Gibson Thom
ADDRESS: K.C.K

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.

WHITE PLAINS WITH UNFADING INK—THIS IS A PERMANENT RECORD