

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

Do not use this space.

18154

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 116 North Monroe) St. _____ Ward _____

File No. _____
 Registered No. 2205
 St. _____ Ward _____

2. FULL NAME Mrs. Catherine Hoban

(a) Residence. No. 115 No. Monroe St. 9 Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Hoban</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 7, 1850</u>			
7. AGE YEARS <u>80</u>	MONTHS <u>9</u>	DAYS <u>unk</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.			
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Pa.</u> <u>2</u>			
PARENTS	10. NAME OF FATHER <u>Thomas Crofford</u>		
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>No Data</u> <u>21</u>		
	12. MAIDEN NAME OF MOTHER <u>No Data</u>		
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>No Data</u>		
14. INFORMANT <u>Mrs. J. N. May</u> (Address) <u>5805 McGee</u>			
15. FILED <u>May 21, 1931</u> <u>M. M. Crowe</u> REGISTRAR			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20th, 1931 19
 17. I HEREBY CERTIFY, That I attended deceased from May 17, 1931, to May 19, 1931, that I last saw her alive on May 19, 1931, and that death occurred, on the date stated above, at 9.00AM, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

130 Myocarditis, Chronic
162 (duration) _____ yrs. 6 mos. ds.

CONTRIBUTORY Denitity
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS physical signs
 (Signed) J. W. Davis, M. D.

May 21, 1931 (Address) 907 Waldheim

*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 Calvary Cemetery DATE OF BURIAL 5/23/31

20. UNDERTAKER W. F. Mayberry ADDRESS Kans City Mo

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.

Saint J. waves in
Halle Kirchen Platz
Halle 1860

Chart 113222