

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.

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

Do not use this space.

25021
3018

1. PLACE OF DEATH

County Jackson
Township Kear
City K. C. Mo.

Registration District No. 399

Primary Registration District No. 1002

(No. 6433 E 16th)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Dolores Rose

(a) Residence, No. 6433 E 16th St. 17 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 Fe 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		3	0	

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

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) K. C. Mo. (STATE OR COUNTRY)

13. NAME Dave Rose

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

15. MAIDEN NAME Lucile Sturdivant

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

17. INFORMANT Mrs. E. A. Leonard (ADDRESS) 1317 Trovet

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE July 11 1931

19. UNDERTAKER Rose & Henderson (ADDRESS) 4139 E 16th

20. FILED 7/11 1931 M. M. Craue Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Persistent Thymus Date of onset _____

Other contributory causes of importance: 67

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? ye

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? _____

If so, specify _____

(Signed) Chas. Carbaugh, M. D.

(Address) _____

