

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 107)

Registration District No. 399
Primary Registration District No. 100B
Cherry Apt. 6

File No. 33148
Registered No. 4082
St. _____ Ward _____

2. FULL NAME

Mrs. Ida Phoades
(a) Residence, No. 707 Cherry St., Apt 6 Ward.

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William M. Phoades

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>6</u>	<u>26</u>	

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Washington Wis -

MOTHER FATHER 13. NAME Rivers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

15. MAIDEN NAME Unknown

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

17. INFORMANT William M. Phoades (ADDRESS) 707 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Oct 17 1933

19. UNDERTAKER D. W. Newbomer's Sons (ADDRESS) 2111 E. 9th

20. FILED 10-16, 1933 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

4 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1930 to Oct. 14 1933
I last saw her alive on Oct 13, 1933 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset

Paralysis
82A
82B
Other contributory causes of importance:
71B Alumina
Senile Debility Blind

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr. H. P. Jewett, M. D.
(Address) 634 S. S. Bldg.

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.

NOV 16 1933

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D. D. E. Van Staveren

634 Lee Bldg -