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.

SEP 20 1934

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

Do not use this space.

29197

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township [illegible] — Primary Registration District No. 1002
City Kansas City (No. 3521 Holmes St. Ward)

File No. [illegible]
Registered No.

2. FULL NAME Rose A. Eyssell
(a) Residence, No. 3521 Holmes St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 52 yrs. 6 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: August F. Eyssell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 4, 1882

7. AGE: 52 YEARS — MONTHS: 6 — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Kansas City Mo,

FATHER
13. NAME: John P. Knoche
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna E. Knoche
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): August F. Eyssell, 3521 Holmes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemty DATE Aug. 6 1934

19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 W. Linwood

20. FILED 8-4 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 4, 34, 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to Aug 4, 1934
I last saw her alive on Aug 4, 1934. Death is said to have occurred on the date stated above, at 1:24 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	April 2 1934
131	
84	
131	

Other contributory causes of importance: Manual - depressive psychosis - March 1-1934

Name of operation Laboratory Date of
What test confirmed diagnosis? Was there an autopsy? No

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) [signature] M. D.
(Address) 900 Rialto - KC Mo

Rialto - Nine 3172
[illegible] Va 7497 - [illegible]