

JUL 2 2 1935

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

Do not use this space.

19942

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Law Primary Registration District No. 1062  
City Kansas City (No. 306 E. 67th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2537

2. FULL NAME Ruby Mae Boney

(a) Residence, No. 2933 Farrow KCK St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 25 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 Fred

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/30/1902

7. AGE YEARS 33 MONTHS 1 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home  
10. Date deceased last worked at this occupation (month and year) 5/35 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) Worland (STATE OR COUNTRY) Mo.

13. NAME Frank M. Thrall

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

15. MAIDEN NAME Eva Armstrong

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

17. INFORMANT Mrs. M. G. Riley (ADDRESS) 306 E. 67

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 6/27 1935

19. UNDERTAKER Geo. H. Long Mortuary (ADDRESS) KCK

20. FILED 6/26 19 35 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24 19 35

22. I HEREBY CERTIFY That I attended deceased from May 22, 1935, to June 24, 1935  
I last saw her alive on June 24, 1935. Death is said to have occurred on the date stated above, at 5:50p.m.

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

Primary cause of death  
ovary 4-9  
Sepsis

Other contributory causes of importance:

Name of operation Removal of ovaries Date of May 30  
What test confirmed diagnosis? Microscope as 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) Frank Rosenwald, M. D.  
(Address) 928 Argyle Bldg  
KCK Mo

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.

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In Rosewald Argyle Bldg 928  
File 0551