

MAY 15 1937

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

Do not use this space.

15209

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St. Lukes Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 10155
Registered No. 1750
St. _____ Ward _____

2. FULL NAME Mrs. Cora J. Rozell

(a) Residence, No. 4143 Holly St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 6

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) Crawford Co., Missouri

13. NAME Francis Evrard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

15. MAIDEN NAME Mathews

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

17. INFORMANT Mrs. A. F. Borberg (ADDRESS) Grays Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Malta Bend, Mo. DATE April 13, 1937

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED 4-12-37 M. M. Crowe, cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11/37, 19

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 _____ m.

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

Second and third degree Date of onset _____
burns of trunk and extremities

Other contributory causes of importance: 181

Name of operation _____ Date of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 4/11/37

Where did injury occur? 4143 Holly St., Kansas

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Choking agent after

Nature of injury while burning trash

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.

