

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Mary's Hosp.) St. _____ Ward _____

2. FULL NAME Virginia Jane Rouen
 (a) Residence, No. 2623 Monroe St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 22781
 Registered No. 2000

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 George J. Rouen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	2	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) Kansas

13. NAME Wendel E. Holt

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

15. MAIDEN NAME Florence Badger

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

17. INFORMANT George J. Rouen
 (ADDRESS) 2623 Monroe

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE June 15, 1937

19. UNDERTAKER D.V. Newcomer's Sons
 (ADDRESS) 614 37th M.M. Brown

20. FILED _____
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937, to June 13, 1937
 I last saw him alive on June 12, 1937 Death is said to have occurred on the date stated above, at 6:30A
 The principal cause of death and related causes of importance were as follows:
Nephrotic toxemia of pregnancy June 5-37
Diabetes Mellitus long standing
Stably degenerative of liver
Chronic glomerular nephritis
 Date of onset _____
 Other contributory causes of importance:
Paralytic ileus June 8-37
 Name of operation Stomachectomy 46 Date of June 9-37
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) D. H. Hogan _____ M. D.
 (Address) 415 Argyle Bldg

WRITE PLAINLY WITH UNLOADING 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.

22
30
22

St. Mary's

W. S. Rogers

1861

Argyle Bldg.