

JAN 17 1938

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

Do not use this space.

44074

1. PLACE OF DEATH *Mevey Hospital*
County *Jackson* Registration District No. *395*
Township _____ Primary Registration District No. *1002*
City *Kansas City, Mo.* (No. *Mercy Hospital*) St. _____ Ward _____
2. FULL NAME *Carol Sue Rose*
(a) Residence, No. *5209 Norledge* St. _____ Ward _____
(Usual place of abode) (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.

File No. _____
Registered No. *4977*
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *(Infant)*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-4-1937*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-10 1937*
22. I HEREBY CERTIFY, That I attended deceased from *12-4*, 19*37*, to *12-10*, 19*37*
I last saw her alive on *12-10*, 19*37*. Death is said to have occurred on the date stated above, at *1:45* a.m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
1/19/38
Date of onset *12-7-37*
Other contributory causes of importance:
Senile Debility
Acute Pharyngitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La Cygne, Kansas*
13. NAME *Clarence Rose*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La Cygne, Mo.*
15. MAIDEN NAME *Edna Gillum*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pleasanton, Mo.*
17. INFORMANT (ADDRESS) *Mrs. Edna Rose*
6209 Norledge
18. BURIAL, CREMATION, OR REMOVAL PLACE *La Cygne, Mo.* DATE *12-10 1937*
19. UNDERTAKER (ADDRESS) *2017 E. 4th To Bin Co*
K.C. Mo.
20. FILED *Dec 10 1937 M.M. Brown*
Registrar.

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? _____
If so, specify _____
(Signed) *H.M. Gilbey*, M. D.
(Address) *Professional Bldg*
P.O. Sandberg, MD
Mercy Hospital

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.

