

REC'D MAR 14 1938 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5812
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 878
(c) City Kansas City (d) Street No. 2736 Olive St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Bridget Vossen 250
(a) Residence, No. 2736 Olive St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <u>Joseph Vossen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7, 1873</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>64</u>	<u>8</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	13. NAME <u>King</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	15. MAIDEN NAME <u>Dont Know</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
17. INFORMANT <u>Joseph Vossen</u> (ADDRESS) <u>2736 Olive, K. C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>St. Marys Ceme.</u> DATE <u>2/23/38</u>				
19. FUNERAL DIRECTOR <u>J. F. Mayberry</u> (ADDRESS) <u>2315 Linwood Blvd. K. C. Mo.</u>				
20. FILED <u>2/22 1938 M. M. Brown</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2/21/38</u>	19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 16, 1938</u> to <u>Feb 21, 1938</u> I last saw her alive on <u>Feb 19, 1938</u> Death is said to have occurred on the date stated above, at <u>4:45 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u> Date of onset <u>59</u> <u>Diabetes acidosis</u>	
Other contributory causes of importance:	
Name of operation <u>none</u> Date of <u>no</u>	What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify _____ (Signed) <u>A. Bence</u> M. D. (Address) <u>2722 Prospect</u>	

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.

I X12004

R10
2722 Prospect
Hi 1288

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed.....
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)