

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.

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

1 PLACE OF DEATH

County Jackson  
Township Kan  
or  
Village  
or  
City Kansas City Mo

399

Registration District No. 100 File No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

46514

2 FULL NAME Martha Ganger

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OF RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>June 1 1885</u> (Month) (Day) (Year)		
7 AGE <u>33</u> yrs. <u>6</u> mos. <u>17</u> ds.		If LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Kansas City Mo.</u>		
PARENTS	10 NAME OF FATHER <u>Clinton Prutler</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Herrin Mo</u>	
	12 MAIDEN NAME OF MOTHER <u>Bertha Ernest</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>	

✓ MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 17 1918 to Dec 17 1918, that I last saw h. alive on Dec 17 1918, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia

110 . 10  
108 (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Influenza  
(Duration) yrs. mos. 15 ds.

(Signed) J. C. ... M. D.  
1717 1918 (Address) 2544 Pers St.

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 11 yrs. ... mos. ... ds. In the 33 yrs. ... mos. ... ds. State Mo.

Where was disease contracted if not at place of death? Kansas City Mo

Former or usual residence \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul A Ganger  
(Address) 100 Mo

15 Filed 1/19 1918 John W. Wagner Registrar

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Dec 19 1918  
20 UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

