

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

Do not use this space.

14991

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township New

Primary Registration District No. 1002

City Kansas City (No. 3108)

Cypress

File No. 1358

Registered No. 1358

St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Sophia Schulze

(a) Residence. No. 3108 Cypress St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

wh

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Henry Schulze

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug. 17, 1846

**7. AGE**

YEARS 80

MONTHS 8

DAYS 19

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**10. NAME OF FATHER**

Hm. Nierstedt

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

PARENTS

**14. INFORMANT**

Henry Schulze  
(Address) 3108 Cypress

**15. FILED**

May 6, 1927 M. W. Grove  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 6 1927

**17. I HEREBY CERTIFY, That I attended deceased from** Apr 1 - 1927, to May 6 1927, and that I last saw him alive on May 5, 1927, and that death occurred, on the date stated above, at 2:20 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General Anasarca  
Respiratory failure -

(duration) X yrs. 1 mos. \_\_\_\_\_ da.

**CONTRIBUTORY (SECONDARY)** Smoking

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

0 Did an operation precede death? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Glenn H. Boyles, M. D.

576 1/2 (Address) 31st & Prospect

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Int Washington

May 9 1927

**20. UNDERTAKER**

**ADDRESS**

Dr. Newcomer's Sons K.C. Mo.

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.

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10-1; 4-6.