

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

Do not use this space.

36824

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 105
Registered No. 105
St. St. Joseph Hospital Ward

2. FULL NAME

Mrs. Katherine Marie Schadel
(a) Residence No. 3028 Montgall St. 14 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 14 mos. 14 da. How long in U.S.; if of foreign birth? yrs. mos. da.

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 Frank. Joseph Schadel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 11 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 | 9 | 26 | 59 mos. 9 da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) mother
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

PARENTS
10. NAME OF FATHER Adolph E. Petersen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Marie P. Duedl.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Frank Joseph Schadel
(Address) 3028 Montgall

15. FILED 12/8 27 1927 M. M. Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7, 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1927, to Dec 7, 1927, (that I last saw L.S.A. alive on Dec 7, 1927, and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

unknown (Secondary) Chronic Myocarditis
unknown (Secondary)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Chemical findings
(Signed) R. A. Anderson, M. D.
12/8, 1927 (Address) 212 Bright Blvd
312 + Project

*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 Mt. Moriah Cemetery DATE OF BURIAL 12/9 1927

20. UNDERTAKER Explos Funeral Home ADDRESS 1800 Linnwood

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

