

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

Do not use this space.

4827

1. PLACE OF DEATH

County.....Jackson.....

Registration District No. 399

File No.

Township.....Kaw.....

Primary Registration District No. 100

Registered No. 480

City.....Kansas City..... (No. 3816 Park)

St. Ward)

2. FULL NAME Fanny Artmaier

(a) Residence. No. 3816 Park St. 11 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. 11 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Anton Artmaier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 5, 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

1

27

8. OCCUPATION OF DECEASED

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

At home

(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

PARENTS

10. NAME OF FATHER

Wm Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Wm Young

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

Mrs. Ida Whitelaw
3816 Park

15. FILED

19 9/3 28

M. M. Corone
Ass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 19 28

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to sub 12, 1928, that I last saw him alive on Jan 31, 1928, and that death occurred, on the date stated above, at 6:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chett McDonnell, M. D.

(Address) 1139 Reals Bldg

*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

Elmwood Cem

2-3 1928

20. UNDERTAKER

ADDRESS

Stone & Mc Clure 924 Oak

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

