

JUN 1 1928

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

Do not use this space.

13172

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5354
City Kansas City (No. 511 Arlington Ave) St. _____ Ward _____

File No. _____
Registered No. 161

2. FULL NAME Mrs. H. Kansas Wansch

(a) Residence. No. 511 Arlington Ave Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 1, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>6</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

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

14. INFORMANT George Wansch
(Address) 511 Arlington Ave

15. FILED May 5-28 F. H. COOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1928

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1928, to April 26, 1928
that I last saw her alive on Apr 22, 1928, and that death occurred, on the date stated above, at 7:20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Breast

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/20/28
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Orson Kneiser, M. D.

April 27 1928 (Address) 420 Chamber

*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 St. Mary DATE OF BURIAL April 30 1928

20. UNDERTAKER W. N. Newcomer's Sons ADDRESS 211 E. 9th St.

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.

PERMANENT RECORD



1-4
420 Chamberlaine Bldg.
Hon. E. W. Rouse