AUG 21 1928

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

Do not use this space.

23109

File No. 44
Registered No.

1. PLACE OF DEATH
County Buchanan
Township Washington
City
Registration District No. 86
Primary Registration District No. 5127
(No. Dr. C. R. Woodson's Sanitarium St. Ward)

2. FULL NAME Theresa Voltz,
(a) Residence. No. 618 South 14th St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 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 George M. Voltz,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1861

7. AGE: Years 67 | Months Unk. | Days Unk. | If LESS than 1 day, hrs. or min.

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) Unknown,
(STATE OR COUNTRY) Ireland

PARENTS
10. NAME OF FATHER James O'Brien
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland

14. INFORMANT A. M. Howe
(Address) 618 South 14th St.

15. FILED 7/18 1928 [illegible] Sanders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to July 14, 1928, that I last saw her alive on July 14, 1928, and that death occurred, on the date stated above, at 6:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
71A 580
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Kansas City, Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [illegible], M. D.
7/17, 1928 (Address) [illegible]

*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: Mount Mora Cemetery
DATE OF BURIAL: July 19 1928
20. UNDERTAKER: Heston-Bolde-Bowman
ADDRESS: 319 S. 10 St.
by F. H. Foerle Funeral Home

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.

Ecuador Lopez Colorado

Guatemala Lopez Tecolote

Honduras Lopez Tecolote

Mexico Lopez Tecolote

Nicaragua Lopez Tecolote

Panama Lopez Tecolote

Peru Lopez Tecolote

Salvador Lopez Tecolote

Venezuela Lopez Colorado

Guatemala, C. A. Honduras, C. A.

Mexico, D. F.

Panama, R. P.

Lima, Peru

Quito, Ecuador

Caracas, Venezuela

Salvador, C. A.

Montevideo, Uruguay

Asuncion, Paraguay