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

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.

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

Do not use this space.

33522

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4061
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 1808 Jefferson St. Ward)

2. FULL NAME Charlotte Vassen
(a) Residence. No. 1808 Jefferson St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-4-1860

7. AGE: Years 68 — Months No — Days 28 — If LESS than 1 day, ...hrs. or ....min.

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): None
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France

14. INFORMANT Miss Marie Vasser
(Address) 1808 Jefferson

15. FILED 10/5, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1928, 19.., to Oct 2, 1928 that I last saw her alive on Oct 2, 19.., and that death occurred, on the date stated above, at 4.50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108
167
1010 Pneumonia (lobar)
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Senile debility
(duration) yrs. 12 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Arthur Kruger, M. D
10/3, 1928 (Address) 220 Argyle 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: Forest Hill-Cem — DATE OF BURIAL: Oct 6 1928

20. UNDERTAKER: A. P. Doehler — ADDRESS: 1415 E 15

220 Argyle Bldg
Vi-4960
Office. 1- to 2-30. P.M.