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.

35780

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4321

Township Kaw — Primary Registration District No. 10 — Registered No.

City Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME Ada J. Schattner

(a) Residence. No. #32 Linwood Ter. 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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) Aug. 13, 1870

7. AGE: Years 58 — Months 2 — Days 9 — 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) Portland, (STATE OR COUNTRY) Maine

PARENTS

10. NAME OF FATHER Alfred O. Lowell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island
12. MAIDEN NAME OF MOTHER Jennie Patchell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island

14. INFORMANT Mrs Carrie Eisel
(Address) #32 Linwood Terrace

15. FILED 10/24, 1928 M. M. Crowe REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Oct 22, 1928, that I last saw him alive on Monday Oct 22 1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalomalacia
Hypertension
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Edema of the brain
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) O. Jack Printz, M. D.
1924, 1928 (Address) 1014 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: Elmwood. — DATE OF BURIAL: Oct 25 1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 104 W. 4 2nd St

Dr. H. O. Prinz