

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

Do not use this space.

35799

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Haw

Primary Registration District No. 1032

City Kansas City

(No. Rock Island Ry into K.C. Mo.)

File No. 4042

Registered No. 4042

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. San Diego Calif St., _____ Ward. _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Howard Battan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) mother
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Elizabethtown Pa.
(STATE OR COUNTRY)

10. NAME OF FATHER Abraham Gruber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn
(STATE OR COUNTRY)

14. INFORMANT W. H. Battan
(Address) San Diego Calif

15. FILED 10/26/28 M. M. Combe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Thursday Oct 25 1928

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____,

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13
9:00
acute dilatation of heart

CONTRIBUTORY (SECONDARY) chronic interstitial nephritis
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 129 W

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Prof. J. P. ...

(Signed) Deputy Coroner, M. D.
10/25, 1928 (Address) Deputy Coroner

*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 Auburn Ill DATE OF BURIAL 10-30-28

20. UNDERTAKER Clyde Funeral Home ADDRESS 1800 Linwood

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.

