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

Do not use this space.

6824

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 990

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 14 East 35th St. St. Ward)

2. FULL NAME Mrs. Kathryn Kramer

(a) Residence. No. 14 East 35th St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Kramer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	10	26	

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

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

2

PARENTS

10. NAME OF FATHER Bernard O'Neill

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

15

12. MAIDEN NAME OF MOTHER Catherine Finnerty

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

2

14. INFORMANT Miss Kathryn Kramer
(Address) 14 East 35th St

15. FILED 2/28, 1929 M. M. Crowe
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1929 19

17. I HEREBY CERTIFY That I attended deceased from 1-14, 1929 to 2/27, 1929 that I last saw her alive on 2/27, 1929 and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Melano, Sarcoma
Generalized
DSE (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Recurrented mole skin of Cap Reg Ht Leg (duration) 48 yrs. 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? Clinical

2/28, 1929 (Signed) M. J. Owens M. D
(Address) 1034 Realto 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	DATE OF BURIAL
St. Marys Cemetery	3/1/29 19

20. UNDERTAKER	ADDRESS
Quirk & Tobin--20 W Linwood Blvd	

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.