

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

Do not use this space.

27613

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Independence (No. Independence Santanna St. Ward)

Registration District No. 395  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 284

2. FULL NAME

Ada Bell Wichner

(a) Residence. No. 1106 Sterling St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

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

A. Paul Wichner

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

June 24-1893

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>36</u>	<u>1</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

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

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

Indep. Mo.

10. NAME OF FATHER

John H. Brents

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

Mo.

12. MAIDEN NAME OF MOTHER

Mattie B. Mikom

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

Mo.

14.

INFORMANT A. Paul Wichner  
(Address) 1106 Sterling

15.

FILED 8-8, 1929 7 L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1929

17. I HEREBY CERTIFY, That I attended deceased from 8:12, 1929, to 8:7, 1929 that I last saw h.e. alive on 8:7, 1929, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Embolic, kidney

CONTRIBUTORY (SECONDARY)

Appendicitis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH yes DATE OF 8-2-29

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) George W. Park, M. D.

8-8, 1929 (Address) Indep Mo.

\*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

Elmwood Cem N.C. Mo. Aug-9-1929

20. UNDERTAKER

Mrs. C. L. Foster N.C. Mo.

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.

DEPARTMENT RECORD

235

26  
 1929  
 48  
 8

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