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

Do not use this space.

33657

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4100
Township Kaw — Primary Registration District No. 1002 — Registered No. 4100
City Kansas City (No. 4301 Benton Blvd St. Ward)

2. FULL NAME STUCKI. Clementina Barbra
(a) Residence. No. Oklahoma City Oklahoma St., Ward. Okla City
(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: 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: Frank Joseph Stucki

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 151849

7. AGE: 80 YEARS — MONTHS: 2 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

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): Home
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Switzerland

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

14. INFORMANT: Mrs E W Caveness
(Address) 4301 Benton Blvd.

15. FILED 10/1, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 1 1929

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1929, to Oct 1, 1929 that I last saw her alive on Oct 1, 1929 and that death occurred, on the date stated above, at 10 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Bladder
53B
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Oklahoma City
DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Regular
(Signed) Emish N Caveness, M. D
10/1, 1929 (Address) 652 Bond of Trade B

*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: Oklahoma City Oklahoma — DATE OF BURIAL: Oct 5 1929

20. UNDERTAKER: Mellwitz McGilley Funeral Home Inc — ADDRESS: Kansas City Kan

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.

...NNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD