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

Do not use this space.

37203

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. 5635 Anita St. Ward)
File No.
Registered No. 4010

2. FULL NAME Mrs Kate Kreisel
(a) Residence. No. 5635 Anita St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
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 Kreisel.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-9-54
7. AGE 75 YEARS 75 MONTHS 9 DAYS 4 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)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Cold Camp
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Henry Hashagen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Monsas.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

14. INFORMANT Theresa Peterson
(Address) 5635 Anita.
15. FILED 11/14, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1929
17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1929, to Nov. 13, 1929 that I last saw her alive on Nov. 13, 1929, and that death occurred, on the date stated above, at 11 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) D.B. of lungs.
(duration) 3 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.
(Signed) J. Henry George, M. D
11/14, 1929 (Address) 2618 Cleveland

*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 Nay Mo.
DATE OF BURIAL 11/14/29 19
20. UNDERTAKER A. P. Dochler.
ADDRESS 1415 E 15th

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.