

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

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan
Township.....
City.....St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. 2717 Delaware St.

File No. 39772
Registered No. 1452
St. _____ Ward)

2. FULL NAME

Catherine Naatz

(a) Residence. No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 William Naatz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 23, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 5 28

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

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

10. NAME OF FATHER Anton Edelbrock

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

12. MAIDEN NAME OF MOTHER Gertrude Homan

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

14. INFORMANT Miss Louise Naatz
(Address) 2717 Delaware St.

15. FILED 12/24 19 29 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 21, 1929 19 29

I HEREBY CERTIFY, That I attended deceased from July 15 1929 to Dec 20 1929
that I last saw h. ET. alive on Dec 20 1929, and that death occurred, on the date stated above, at 11.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Regurg.
92A
130... (duration) ? yrs. mos. ds.
CONTRIBUTOR Paras. repl. arteris.
(SECONDARY) Sclerosis (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Frank H. Hagan, M. D.

Dec 19 1929. (Address) Fairfax St. Blo...

*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 Mt. Olivet Cemetery DATE OF BURIAL Dec, 23, 19 29

20. UNDERTAKER Walter Meierhoffler ADDRESS 1302 Faraon St.

WRITE PAINLY, 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.

Handwritten notes: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

