

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

Do not use this space.

16005

**1. PLACE OF DEATH**

County Jackson Registration District No. 899  
 Township Kaw Primary Registration District No. 102  
 City Kansas City, Mo. (No. 4031 Central St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 16005

**2. FULL NAME** Miss Minnie M. Stackfleth

(a) Residence. No. 4031 Central St. 7 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>5</u>	<u>18</u>	

**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) New York  
 (STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER	<u>Albert Stackfleth</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
12. MAIDEN NAME OF MOTHER	<u>Elsbeth Selnor</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>

14. INFORMANT Miss Bertha Hartman  
 (Address) 4031 Central Street

15. FILED 5/2/30 M. M. Crowe REGISTRAR  
Assn

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1929, to May 1, 1930, that I last saw her alive on May 1, 1930, and that death occurred, on the date stated above, at 1:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma primary in fundus of uterus  
48 (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 46 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) John M. Walden, M. D.  
5/2, 1930 (Address) 230 Rathrop 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 Forest Hill Cemetery DATE OF BURIAL 5/3/30 19

20. UNDERTAKER Freeman Mortuary, 104 W 42nd ADDRESS Kc 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.

238 Fat maps.  
12a. 714 to 51-011.