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

Do not use this space.

16166

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 3906 East 10th St. Ward)
File No.
Registered No. 2014

2. FULL NAME Bernadine Putthoff
(a) Residence. No. 3906 E 10 St. St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1862 Jan 9

7. AGE: 68 YEARS — MONTHS: 4 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): House wife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charleston Mo

PARENTS
10. NAME OF FATHER: Herman Banky
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holland
12. MAIDEN NAME OF MOTHER: Bernadine Banky
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Holland

14. INFORMANT: L. F. Turgeon
(Address) 3906 E. 10 St

15. FILED 5/14 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1930

17. I HEREBY CERTIFY, That I attended deceased from about May 1st, 1928, to May 13th, 1930, that I last saw her alive on May 13th, 1930, and that death occurred, on the date stated above, at 12:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilitation of heart
92A
95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Endocarditis
(duration) about 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at residence
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) E. R. Curry, M. D
5/14/30, 1930 (Address) 905 Locust St

*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 Ox Mary Cemetery — DATE OF BURIAL: May 16 1930

20. UNDERTAKER: John J Sheehan — ADDRESS: K.C. Mo

WRITE PLAINLY, 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.

Dr Curry
Sherman Fetch