

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

Do not use this space.

23058

1. PLACE OF DEATH
 County Jackson Registration District No. 99
 Township Kan Primary Registration District No. 1002
 City Kansas City, Mo (No. Research 445) St. _____ Ward _____

2. FULL NAME Catherine Hammann
 (a) Residence. No. 2007 Penn St. 3 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 44 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 Adam Hammann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 4 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home - Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23-1930

17. I HEREBY CERTIFY, That I attended deceased from July 22-1930, to July 23, 1930 that I last saw him alive on July 23, 1930, and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Heart block
95A

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Hypertension general arteriosclerosis
 (duration) ? yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reisen Germany

10. NAME OF FATHER Schaab

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

12. MAIDEN NAME OF MOTHER don't know

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

18. WHERE WAS DISEASE CONTRACTED Reisen, Germany
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy path
 (Signed) Emmett Beach M. D.
July 23, 1930. (Address) 924 Professional 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.

14. INFORMANT Miss Flora Hammann
 (Address) 2007 Penn St

15. FILED 7/24 1930 M. M. Crowe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL July 26 1930

20. UNDERTAKER John W. Wagner ADDRESS 1009 Grand Ave

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.

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