

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.

607 8 1930

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

Do not use this space.

29153

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township St. Joseph, Primary Registration District No. 1004
City St. Joseph, (No. Missouri Methodist Hospital) St. _____ Ward _____

2. FULL NAME Ada Getz,
(a) Residence. No. _____ St. Ward Highland, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 20 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 Samuel F. Getz,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 31, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>0</u>	<u>6</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) Iowa Point,
(STATE OR COUNTRY) Kansas,

10. NAME OF FATHER Adam Lewis,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nassau,
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Elizabeth Hahn,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio,

14. INFORMANT Adam Getz
(Address) Highland, Kansas,

FILE 8 1930 John G. Ott REGISTRAR
Ed. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7th. 1930
17. I HEREBY CERTIFY, That I attended deceased from August 8th. 1930 to Sept. 7th. 1930, that I last saw her alive on Sept. 7th. 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Cecum & rectum - 46 C
Toxemia of Cancer, 76 D
53 E

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (SECONDARY) Cancer-Bowel,
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug. 17, 1930

19. WHAT TEST CONFIRMED DIAGNOSIS
(Signed) A. S. Conrad M. D.
9/7/30 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, of 50 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 Highland, Kansas, Via auto. DATE OF BURIAL Sept. 9, 1930

20. UNDERTAKER Hector F. Gale Bowman ADDRESS 319 S. 10 St.

Funeral Home

