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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2843 Bell St. Ward)

File No. 29935
Registered No. 3140

2. FULL NAME Mary M. Rothermel
(a) Residence. No. 2843 Bell 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-24-1864

7. AGE Years 65 Months 9 Days 15 If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Hick Folmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Nicolaus Rothermel
(Address) 2843 Bell St

15. FILED 9/11, 1930 M. M. Crowe REGISTRAR
Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1930

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1930, to Sept 9, 1930 that I last saw ..... alive on Sept 9, 1930, and that death occurred, on the date stated above, at 3:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious anemia
71A
46E
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Possible Cancer of liver
(duration) 7 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab. Findings
(Signed) J. R. McCormack, M. D.
9/10, 1930 (Address) 1455 So. West Blvd. Kansas

*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 St Marys Cemetery — DATE OF BURIAL Sept 12 1930

20. UNDERTAKER John A. Muser — ADDRESS 1415 315

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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1930

1919

11

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