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.

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

Do not use this space. 33025

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 002
(No. Trinity Lutheran Hospital St. Ward)
File No.
Registered No. 4255

2. FULL NAME Esther Rapschutz
(a) Residence. No. 3005 Wabash St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Duties
(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) Hungaria

PARENTS
10. NAME OF FATHER Jacob Hutterer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Hungaria
12. MAIDEN NAME OF MOTHER Hannah HANN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Hungaria

14. INFORMANT Sam Rapschutz
(Address) 3005 Wabash

15. FILED 10/20, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19, 30 19

17. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1930, to Oct. 19, 1930 that I last saw her alive on Oct. 19, 1930, and that death occurred, on the date stated above, at 3:15 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Diffused Peritonitis
1390
129
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tubo-Ovarian abscess non-specific — About 4 weeks (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Kansas City Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct. 14. 30
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Lab. Obs.
10/20, 1930 (Signed) Geo B. Norburg, M. D.
(Address) 910 Rialto Bldg

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*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	DATE OF BURIAL
Mt. Carmel Cemetary	10-20-30

20. UNDERTAKER	ADDRESS
J.P.Louis Funeral Home	City