

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

Do not use this space.

36320

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 3211 Broadway)

File No. 4728
Registered No. 4028
St. _____ Ward _____

2. FULL NAME Mrs. Mary Konter

(a) Residence. No. 3211 Broadway St. 5 Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 John Konter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>11</u>	<u>7</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) Neosho
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER Nicholas Mertes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Angeline Kiefer

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

14. INFORMANT Miss Margaret M. Konter
(Address) 3211 Broadway

15. FILED 11/21/30 M. M. Crave REGISTRAR
Crave

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21, 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Nov 21, 1930 that I last saw h. alive on Nov 20, 1930, and that death occurred, on the date stated above, at 5:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
8/2/19

(duration) 7 yrs. 3 mos. 3 ds.

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Phys. and Judging

(Signed) Edw. A. Thiesman, M. D.

11/21/1930 (Address) 810 North

*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 St Marys Cemetery 11-22-30

20. UNDERTAKER ADDRESS R.V. Lindsey & Sons, Inc. City Mo

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.

