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.

10081

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1354

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Miss Edna Schaal

(a) Residence. No. 4140 Campbell St., 6 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19, 1906

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
24	11	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Office Girl 223
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER J.F. Schaal

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

12. MAIDEN NAME OF MOTHER Poline Bonkoski

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

14. INFORMANT J.F. Schaal
(Address) 4140 Campbell

15. FILED 3/20, 1931 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1931, to Mar 18, 1931 that I last saw her alive on Mar 18, 1931, and that death occurred, on the date stated above, at 12:15 P.m.

126 THE CAUSE OF DEATH* WAS AS FOLLOWS:
103 B
Cholelithiasis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Haemorrhage
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-14-31
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Findings (1)
(Signed) B. S. Sulzbacher, M. D.
3/18, 1931 (Address) 826 Argyle 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery — DATE OF BURIAL March 21 1931

20. UNDERTAKER John W Wagner — ADDRESS 204 West Linn