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

Do not use this space.

14382

1. PLACE OF DEATH

County: Jackson — Registration District No.: 395

Township: Kaw — Primary Registration District No.: 1002 — File No.:

City: Kansas City (No. St. Mary's Hospital St. Ward) — Registered No.: 1002

2. FULL NAME Mary Julia Marmont

(a) Residence. No. Brunswick, Mo. St. 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. 11 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)
Fe.	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-27-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	5	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home 54
(b) General nature of industry, business, or establishment in which employed (or employer): 111A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Adam Schmitt

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Lawrence Schmitt
(Address) Brunswick, Mo.

15. FILED 4/24, 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1931

17. I HEREBY CERTIFY, That I attended deceased from April 12 -, 1931, to April 23 1931 that I last saw h. alive on 4-22-, 1931, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
(duration) — yrs. — mos. ? ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Uterine Fibroma (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED Non. Malignant
IF NOT AT PLACE OF DEATH Brunswick Mo.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-12-31
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Path. Lab.

(Signed) Guy S. Owen, M. D.
4/24, 1931 (Address) Med. Arts Bld. K.C. Mo.

*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
Brunswick Mo	Apr-24 1931
20. UNDERTAKER	**ADDRESS**
D. N. Newcomer's Sons	K. C. Mo.

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.

Dr. Guy E. Owens
1018 Medical Arts Bldg.
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