

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

Do not use this space.

25009

3005

1. PLACE OF DEATH

County Jackson
Township Keau
City Kansas City (No. Kansas City Gene Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 3005
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. 1578 Ewing St. 15 Ward.

(Usual place of abode) Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2, 1858</u>		
7. AGE <u>73</u>	YEARS <u>5</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pelham</u>		
13. NAME <u>John Wolka</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pelham</u>		
15. MAIDEN NAME <u>Rose Knowlton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pelham</u>		
17. INFORMANT (ADDRESS) <u>Reverend Clerk K.C. General Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>7-14</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Freeman Mortuary Kansas City, Mo.</u>		
20. FILED <u>7/11</u> 19 <u>31</u> <u>M. M. Baker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1931 to 7-9, 1931

I last saw her alive on 7-9, 1931. Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
due to volvulus
1228
131
9:30

Date of onset _____

Other contributory causes of importance:
Chronic myocarditis
Chronic nephritis

Name of operation Resection of gut Date of 7-9-31

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. B. Willauer, M. D.
(Address) Gen Hosp 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.

MARGIN RESERVED FOR BINDING

S. NO. 2.

