

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

Do not use this space.

34326

1. PLACE OF DEATH

County Jackson Registration District No. 380 File No. _____
 Township Frank Primary Registration District No. 105 Registered No. 4030
 City Kansas City (No. 1 of St. Mary's Hospital St. _____ Ward _____)

2. FULL NAME

Theodore Kate Kasch
 (a) Residence, No. 1723 W. 34th St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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 <u>Le</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>Oct. 11-1833</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>464</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>126</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo -

FATHER 13. NAME Charles F. Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Helena Dulf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. C. C. Gossett 2527 Brighton

18. BURIAL, CREMATION, OR REMOVAL PLACE Calgary DATE Oct 31 1931

19. UNDERTAKER (ADDRESS) St. Donnell Co 3456 Broadway

20. FILED 10/2 1931 M. M. Casper Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1920 to 10-1 1931
 I last saw her alive on 10-1 30 1931. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Primary Carcinoma of U. Bladder 17-1930
Secondary Carcinoma of Liver 6-1-31
 Other contributory causes of importance:
Hall Steins - to 1890
to 1931

Name of operation B. B. Bruce Date of _____
 What last 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? no

If so, specify _____

(Signed) M. J. Weiss, M. D.

(Address) 1024 Realto Blvd

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.

