

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. \_\_\_\_\_)

Registration District No. 399  
Primary Registration District No. 1007  
St Joseph Hospital

File No. 34452-4167  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Ida Abranz

(a) Residence, No. 317 S. Mersington St. 10 Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Charles Abranz</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 2, 1863</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>68</b>		<b>3</b>	<b>12</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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) <b>Ill.</b>				
FATHER	13. NAME <b>Jefferson</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>England</b>			
MOTHER	15. MAIDEN NAME <b>Not Known</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Not Known</b>			
17. INFORMANT <b>Walter Edward Abranz</b> (ADDRESS) <b>317 S. Mersington</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Lawrance Kansas</b> DATE <b>Oct. 17, 31</b>				
19. UNDERTAKER <b>Wagner Funeral Home</b> (ADDRESS) <b>204 W. Linwood</b>				
20. FILED <b>10-14-31 M. M. Brown</b> <i>asser</i> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 14, 31** 19 **1931**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 6**, 19**31**, to **Oct. 13**, 19**31**.  
I last saw her alive on **Oct. 13**, 19**31**. Death is said to have occurred on the date stated above, at **10 a. m.**  
The principal cause of death and related causes of importance were as follows:  
**Pulmonary infarct of lower lobe of left lung.**  
**Cardiac fibrillation.**

Name of operation **None** Date of \_\_\_\_\_  
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) **J. P. Hall** M. D.  
(Address) **1626 Kathryn Bldg.**

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.

J. H. [unclear]

George [unclear]

1864

626-1 1/2