

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

Do not use this space.

37794

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1032
 City Kansas City (No. 6218 Park)

File No. _____
 Registered No. 4662
 St. _____ Ward _____

2. FULL NAME

Mrs Katie Seles
 (a) Residence, No. 6218 Park St. 15 Ward.

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (Name of Husband or Wife) Frank Seles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Kalymon Hungary

13. NAME John F. Witterberg

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

15. MAIDEN NAME Regina

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

17. INFORMANT (ADDRESS) Frank Seles 6218 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 21 1931

19. UNDERTAKER (ADDRESS) D. H. Newcomer's Sons 2111 East 9th St

20. FILED 11/20 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1931 to Nov 19 1931
 I last saw him alive on 11/18 1931 Death is said to have occurred on the date stated above, at 3:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis, decompenated
distal regurgitation.
decompensation post 6 mo -
131
92A
 Other contributory causes of importance:
Nephritis chr. - 131 culture

Name of operation none Date of _____
 What test confirmed diagnosis? Electrocard Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no

(Signed) H. J. Witterberg
 (Address) 3447 Pro post ave

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.

