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

Do not use this space 1271

**1. PLACE OF DEATH**
County Jackson — Registration District No. 395 — File No. 309
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 2851 Holly St. Ward)

**2. FULL NAME** Bertha Schultz
(a) Residence, No. 2851 Holly St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. 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) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1863

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 2 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 2'35
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) Germany 10

FATHER
13. NAME Carl Helm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Martha Voltz (ADDRESS) 2851 Holly

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem. DATE Jan 25, 1932

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED Jan. 25, 1932 M. M. Grove Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1932

22. I HEREBY CERTIFY That I attended deceased from July 20, 1931, to Jan 23, 1932
I last saw her alive on Jan 23, 1932 Death is said to have occurred on the date stated above, at 9:30A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1930 |
| HCB | |
| HCB | |

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? X Ray 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, 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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Clarence J. McGuire, M. D.
(Address) 142 Professional Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Dr. Emmanuel McGuire
Professional. St. 1236
807 W. 63 St. 3[illegible]