

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

Do not use this space.

4625

478

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kearney Primary Registration District No. _____
City Kansas City (No. Marionah Hoop) St. 6th Ward

File No. _____
Registered No. _____
St. 6th Ward

2. FULL NAME

(a) Residence, No. 3708 Holmes St., 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Gretzer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>9</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</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>Buffalo New York</u>		
MOTHER	13. NAME <u>Bernhardt Balling</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Fannie Geisler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Samuel Gretzer</u> (ADDRESS) <u>3708 Holmes St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>Feb. 8 1932</u>		
19. UNDERTAKER <u>Cassel Davidson Leud Co</u> (ADDRESS) <u>3024 Tabor</u>		
20. FILED <u>2/6 1932</u> <u>M. M. Peque</u> <u>Asst. Registrar.</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1932

22. I HEREBY CERTIFY That I attended deceased from Feb 1932 to Feb 5 1932
I last saw her alive on Feb 5 1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Melanotic Carcinoma of Spine Primary tumor from breast operated on June 4 8 yrs ago
Date of onset 1113
Other contributory causes of importance:
Hypertensive Pneumonia
Name of operation 428 yrs ago Date of breast
What test confirmed diagnosis? Microscopic Was there an autopsy? no

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. E. Peque M. D.
(Address) 1610 Tabor St.

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.

