

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

Do not use this space.

19418

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 339
Primary Registration District No. 1002
(No. St Marys Hospital)

File No. _____
Registered No. 22710
St. _____ Ward)

2. FULL NAME Mary Engel

(a) Residence. No. 5106 Michigan St. 15 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm J. Engel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13, 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>23</u>		<u>6</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Albany
(STATE OR COUNTRY) Ind. 2

PARENTS	10. NAME OF FATHER <u>Adolph Day</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	12. MAIDEN NAME OF MOTHER <u>Josephine Ziegelbauer</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>

14. INFORMANT Wm J. Engel
(Address) 5106 Michigan

15. FILED June 3, 1932 M. M. Corone REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2, 1932 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to June 2, 1932, that I last saw h. or alive on June 2, 1932, and that death occurred, on the date stated above, at 6:00 A.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Embolism
150A
Instant
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Falloving child-birth
(SECONDARY) few hours
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) John O. Skinner, M. D.

(Address) 1402 Bryant B.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shawnee Kansas DATE OF BURIAL June 4, 1932

20. UNDERTAKER Wagner Funeral Home 204 W. Linwood ADDRESS

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.

Bryant Bly - W 7:10

1:30 + 5:30 not. Inc.