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.

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

Do not use this space.

29341

File No. 3515

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 4010 Paseo St. Ward)

2. FULL NAME Mary Agnes Gritter

(a) Residence, No. 4010 Paseo 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1906

7. AGE: YEARS 26 — MONTHS 0 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 217

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) Kansas 2

FATHER

13. NAME Albert F. Gritter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 5

MOTHER

15. MAIDEN NAME Anna Eder

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

17. INFORMANT (ADDRESS) A. F. Gritter 4010 Paseo

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL

PLACE Wea, Kansas DATE 19

19. UNDERTAKER (ADDRESS) John J Sheehan Kansas City Missouri

20. FILED 9/19, 1932 M M Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from About 9/11, 1930, to 9/16, 1932

I last saw her alive on 9/16, 1932. Death is said to have occurred on the date stated above, at 11:55 pm.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

23

Other contributory causes of importance: (1)

Name of operation none X Ray-Spectrum Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) Sam H Snider, M. D.

(Address) 713 Med Arts Bldg Kansas City, Mo.