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.

29510

File No. 3686

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.

Township: Kaw — Primary Registration District No.

City: Kansas City (No. 3642 Charlotte St. Ward)

2. FULL NAME: Helen E. Kunz

(a) Residence, No. 3642 Charlotte St., 16 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 26, 1871

7. AGE: Years 61 Months 2 Days 3 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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): St. Joseph Missouri

FATHER

13. NAME: Charles Herman Springer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Catherine Stelzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Bertha Springer 3642 Charlotte St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt Washington Cem. DATE: Oct 1, 1932

19. UNDERTAKER (ADDRESS): Stine & McClure 3233 Gillham Road

20. FILED: 10/1, 1932 M. M. Crosby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 23, 1932, to Sep 27, 1932

I last saw her alive on Sep 27, 1932. Death is said to have occurred on the date stated above, at P. m. 5:30

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

	Date of onset
Carcinoma of Stomach	
No. 10 Insidious development. Probably some 6 mos duration.	

Other contributory causes of importance: None

Name of operation: None 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) J. O. Thomas M. D.

(Address) 1025 Rialto Bldg

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