

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.

32311

1. PLACE OF DEATH

County Jackson Registration District No. 298 File No. 3040
 Township Kaw Primary Registration District No. 3005 Registered No. 3040
 City Kansas City, Mo. (No. 2941) Victor St. _____ Ward _____

2. FULL NAME

Mrs. Laura Schuatenberg Wilson
 (a) Residence, No. 2941 Victor St., 11 Ward. (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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Missouri

MOTHER 13. NAME John Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Mrs. A. C. Miller (ADDRESS) 2941 Victor

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 10/13 1932

19. UNDERTAKER Oliver J. Home (ADDRESS) 3146 Main St

20. FILED 10/12/32 1932 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Oct 10 1932
 I last saw h. W alive on Oct 10 1932 Death is said to have occurred on the date stated above, at 3:05 P.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 3
95C 110C
92B 130C
 Other contributory causes of importance: Myocarditis long standing
 Name of operation No Date of _____
 What test confirmed diagnosis? Clinical 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? _____ (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 10

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) H. Oberlander, M. D.
 (Address) West Kansas City

Office hours 2 to 6 Pm
Commercial Body

Dr. Leuchardt
W.K.E. No