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.

39703

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1[illegible] — Registered No.

City Kansas City (No. 2400 Agnes St. 4709 Ward)

2. FULL NAME Mrs. Christina A. Widler

(a) Residence, No. 2400 Agnes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jacob Widler Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 6, 1866

7. AGE: YEARS 66 — MONTHS 0 — DAYS 5 — 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.: 235

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): Germany 10

FATHER

13. NAME: No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data 01

MOTHER

15. MAIDEN NAME: No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): Mrs. Widler, 2400 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem. DATE 12/14/32, 19

19. UNDERTAKER (ADDRESS): W. F. Mayberry, City

20. FILED 12-12, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/11/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Dec 11, 1932

I last saw her alive on Dec 11, 1932. Death is said to have occurred on the date stated above, at 10.10 P.m.

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

Chronic Myocarditis — Date of onset 12-4-32

93C

82D

93C

Other contributory causes of importance:

Cerebral Embolism

Name of operation: Nonal Symptoms 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) C. E. Cyrene, M. D.

(Address) 3400 Kansas Blvd.

0504