4:30 v.2

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

Do not use this space.

1456

File No.

Registered No. 186

1. PLACE OF DEATH

County Jackson

Township Raw

City K.C. Mo. (No. 2412 - E-46th St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Sybil I. Gettinger

(a) Residence, No. 2412 - E-46th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe	Wh	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	5	2	

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) Illinois

FATHER

13. NAME Thomas Baker

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

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Harry O. Gettinger 2412 - E-46

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel R.S. DATE Jan. 12 1933

19. UNDERTAKER (ADDRESS) Wm. O. L. Trusler 2 E. 31st

20. FILED 1-12 1933 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1932 to 1-12 1933

I last saw him alive on 1-11 1933 Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Lobar Pneumonia	
Duration 3 days	
100	
98	102

Other contributory causes of importance: Myocarditis Chronic

Duration 1 year

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

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 of injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. A. Owens, M. D.

(Address) 1034 Rialto

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Rialto