

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

Do not use this space.

14921
221

1. PLACE OF DEATH

County JACKSON Registration District No. _____
Township KAW Primary Registration District No. _____
City KANSAS CITY (No. 3519 WOODLAND St. _____ Ward) _____

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

MRS SARAH ANN KERTZMAN

(a) Residence, No. 3519 WOODLAND St. 1-3 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 OR (OR) WIFE OF JACOB D KERTZMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-14-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) HANOVER (STATE OR COUNTRY) PENNSYLVANIA

FATHER 13. NAME THOMAS HOLDEMAN

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

MOTHER 15. MAIDEN NAME MATILDA KAUFMAN

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

17. INFORMANT MRS JAMES M. LOBAN (ADDRESS) 2816 MADISON ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT WASHINGTON DATE JANUARY-14-1933

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED F-14 1933 M. M. Boyne Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Jan 12, 1933
I last saw her alive on Jan 10, 1933. Death is said to have occurred on the date stated above, at 3:00A.M.
The principal cause of death and related causes of importance were as follows:

Principal cause of death and related causes of importance were as follows:	Date of onset
<u>Myocardial insufficiency</u>	<u>1930</u>
<u>92A</u>	
<u>152</u>	
Other contributory causes of importance:	
<u>Senile Paralysis</u>	<u>1925</u>

23. 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 or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. A. Anderson, M. D.
(Address) 5400 St. John Ave
St. Louis, Mo

WRITE PAINLY, 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.

S. NO. 2

Mr. Robert H. Williams

5400 St. John

~~9:30 a.m.~~ 03-6