

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

Do not use this space.

1638

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Jean Primary Registration District No. 1008
 City H. C. Mrs (No. 1109 Agnes Ave) St. _____ Ward _____

File No. _____
 Registered No. 368
 St. _____ Ward _____

2. FULL NAME

Nellie May Kaulbach

(a) Residence, No. 1109 Agnes St. 9 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 <u>Female</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm P. Kaulbach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 19-1886</u>		
7: AGE YEARS <u>46</u>	MONTHS <u>4</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) <u>Mo</u>		
13. NAME <u>Geo. W. Madden</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>		
15. MAIDEN NAME <u>no Record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>		
17. INFORMANT (ADDRESS) <u>Wm P. Kaulbach</u> <u>1109 Agnes Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cem.</u> DATE <u>1-24-33</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. G. L. Foster</u> <u>71 Broadway Ave</u>		
20. FILED <u>Jan 23, 1933</u> <u>M. M. Orms</u> <u>Regist.</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from Jan 16, 1933, to Jan 22, 1933
 I last saw her alive on Jan 22, 1933 Death is said to have occurred on the date stated above, at 3:50 PM
 The principal cause of death and related causes of importance were as follows:
Acute Broncho Pneumonia Date of onset 1-17-33
59
59
 Other contributory causes of importance:
Diabetes Mellitus
 Name of operation none 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? _____ 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) W. R. Foster, M. D.
 (Address) 1329 Lister Av.

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.

1529
1928
2021