

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

Do not use this space.

23145

399

1. PLACE OF DEATH

County JACKSON Registration District No. _____
 Township KAW Primary Registration District No. _____
 City KANSAS CITY (No. 5046 LYDIA) St. _____ Ward _____

File No. _____
 Registered No. 2848
 St. _____ Ward _____

2. FULL NAME MRS. EMMA E. GLITZKE

(a) Residence, No. 5046 LYDIA St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 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 DR. EWALD C. GLITZKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-7-1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>9</u>	<u>2</u>	

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) ARKANSAS

13. NAME GEORGE E. RITHIE

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

15. MAIDEN NAME LAURA WASHBURN

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

17. INFORMANT DR. EWALD C. GLITZKE (ADDRESS) 5046 LYDIA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JULY-11-1933

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

20. FILED July 10, 1933 M. M. Grove Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-9-1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to July 9, 1933. I last saw her alive on July 8, 1933. Death is said to have occurred on the date stated above, at 9:40 A.M.

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

Rheumatic Heart Disease with uterine regurgitation and Right Ventricular Decompensation

Other contributory causes of importance: _____

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? no If so, specify _____

(Signed) George C. Lee, M. D.

(Address) 1087 Angelle Bldg. Kansas City, Mo.

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.

OCCUPATION
FATHER
MOTHER

20 19 23

1002 Argyle Bldg.

11:30-3