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

Do not use this space.

24087

1. PLACE OF DEATH

83

County: Platte — Registration District No.: 695 — File No.: 898

Township: Pettis — Primary Registration District No.: 5922 — Registered No.: 15

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Mary Anne Sulzen

(a) Residence. No. ..... Parkville R.F.D. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 28

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Sulzen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 22 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	5	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: John Deister

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Fredrica Merrero

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Anna Powers
(Address) Parkville Mo

15. FILED 7/10, 1933 J H Winter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-8 1933

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1933 to 7-8, 1933 that I last saw her alive on 7-6-30, 1933 and that death occurred, on the date stated above, at 2-30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis

131 / 55 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Tumor of Scalp

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. T. Ford, M. D.

....., 19 (Address) Parkville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Deister Cemetery	July 10 1933

20. UNDERTAKER	ADDRESS
Noland Undertaking Co	Parkville Mo