

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

Do not use this space.

29543 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Kansas City (No. _____) St. _____ Ward _____

2. FULL NAME

Alice Mitterberger
(a) Residence, No. 29th + Stark Ave. St. 45 Ward. (If nonresident, give city or town and State)
(Usual place of abode) 6 mo RR#6
Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 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 W H Mitterberger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 - 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
65 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Jefferson City Cole Co Mo

13. NAME Job - Rubin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

15. MAIDEN NAME Matha Shaffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

17. INFORMANT Mr. W H Mitterberger
(ADDRESS) 29th + Stark Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookings DATE Sept. 27 1933

19. UNDERTAKER Old + M. Stahell
(ADDRESS) Independence Mo

20. FILED Sept. 26 1933 Dr. F. L. Cook
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18 1933 to Sept 24 1933
I last saw her alive on Sept 24 1933. Death is said to have occurred on the date stated above, at 10:10 a.m.

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

Chronic Myocardial Degeneration Date of onset 9-9-32
Pulmonary Oedema 9-28-33
66B
g2c
Other contributory causes of importance: Central Hemorrhage 1-10-32
Cholera (toxic) The food 123

Name of operation _____ 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? _____

If so, specify _____

(Signed) W. S. Buckert _____, M. D.
(Address) Independence, Mo.

WRITE PLAINLY, 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.

OCT 20 1933

2850

