

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

Do not use this space.

29725

1. PLACE OF DEATH 388

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. St Marys Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Viолетта Wideman

(a) Residence, No. 946 N. 93rd Kansas City, Kans. Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 3650  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29-1866</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>0</u>	DAYS <u>13</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>Unknown England</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown England</u>		
15. MAIDEN NAME <u>Mary M. Fisher</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown England</u>		
17. INFORMANT <u>Helen G. Stahl</u> (ADDRESS) <u>4713 Liberty St. Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>Sept 15 1933</u>		
19. UNDERTAKER <u>Caniels Bros</u> (ADDRESS) <u>644 Kansas Ave. Kansas City, Mo.</u>		
20. FILED <u>Sept 14, 1933</u> M. M. Cozart Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933, to Sept 12, 1933.  
 I last saw her alive on Sept 15, 1933. Death is said to have occurred on the date stated above, at 4:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Epidemic Encephalitis Date of onset Sept 6, 1933

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Yes 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) R. Sander, M. D.  
 (Address) R. Sander

WRITE PLEASE IN 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

7-29-33

