

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

Do not use this space.

29848

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Leaw Primary Registration District No. 1009 Registered No. 3774
 City H. C. 2nd (No. St. Luke's Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wilson, Kas. St. _____ 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 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 Jas. H. Kluma

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-24-1894

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
39 8 29

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) Kansas

13. NAME Annell Thierhold

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

15. MAIDEN NAME Catherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT James H. Kluma
 (ADDRESS) Wilson, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilson, Kas. DATE 9-25-33

19. UNDERTAKER Mrs. C. K. Foster
 (ADDRESS) 918 Broadway Avenue

20. FILED Sept 24 33 M. M. Kerane

Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to Sept. 23, 1933

I last saw her alive on Sept. 22, 1933 Death is said to have occurred on the date stated above, 2:15 PM

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

Brain tumor, glioma
(Malignant Astrocytoma)

Other contributory causes of importance: 5353C

Strasmanal pressure from above.

Name of operation Craniotomy Date of July 27, 1933

What test confirmed diagnosis? Operation Was there an autopsy? Yes

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 Brain tumor
 (Signed) _____ M. D.

(Address) 1002 Angyle Bldg -

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.

SEP 20 1933

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Pringle Bldg.

2 PM