JAN 26 1934

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

Do not use this space.

40285

File No.

Registered No. 5094

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Lukes Hospital St. Ward)
Registration District No. 3 0 9
Primary Registration District No. 1 6 0 2

2. FULL NAME Pearl Francke
(a) Residence, No. 700 West 48th 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.

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.

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: Harry Francke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 27, 1886

7. AGE: Years 47 | Months 3 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
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): Ohio

FATHER
13. NAME: Walter Starr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Stella Schiekel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Harry Francke
(ADDRESS): 700 W 48

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Toledo Ohio DATE: 12-28 33

19. UNDERTAKER: R. V. Lindsey & Sons
(ADDRESS): 3811 Bdwy

20. FILED: 1/28, 1933 W. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 27, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/19/33, 19, to 12/27/33, 19
I last saw him alive on 12/27/33, 19. Death is said to have occurred on the date stated above, at 6:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic	1 da
4 Intestinal Obstruction	3 da
1 Ileus	
Other contributory causes of importance:	
Carcinoma Rectum	4 yrs

Name of operation: yes Date of: 12/11/33
What test confirmed diagnosis? Path 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
(Signed) J. M. Curtin, M. D.
(Address) 1500 Post Bldg K C Mo

Dr. Kuhn