

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

Do not use this space.

1053

1. PLACE OF DEATH

County Jackson Registration District No. 299
Township Kan Primary Registration District No. 2102
City Kansas City (No. 1103 East, 57th Street)

File No. _____
Registered No. 34
St. _____ Ward _____

2. FULL NAME Mrs. Gertrud Spath

(a) Residence, No. 1103 East 57th Street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Spath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13th, 1849</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>9</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, 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) Germany

13. NAME Leaver

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

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Mamie Ryan
(ADDRESS) 1103 East 57th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edway Cem DATE 1-5, 1934

19. UNDERTAKER L. F. Layberry
(ADDRESS) City

20. FILED Jan 3 1934 M. C. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/3/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Jan 2, 1934
I last saw her alive on July 2, 1934 Death is said to have occurred on the date stated above, at 540 A.M.
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction Date of onset Dec 27/33
122 B
127 A
127 A
127 A

Other contributory causes of importance:
Operation on gall bladder
P. O. hernia
Infected gall bladder

Name of operation Cholecystomy Date of 1933 P
What test confirmed diagnosis? Ulcer 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?
If so, specify _____
(Signed) A. J. [Signature] M. D.
(Address) 239 Prairie

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

FEB 2 1934

Dr. C. J. White.

Plattsburgh.

Ma 4929