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

MAY 25 1934

Do not use this space.
12939
1890

1. PLACE OF DEATH
County JACKSON Registration District No. 3 0 3
Township RAW Primary Registration District No.
City KANSAS CITY (No. 3121 CHESTNUT St. Ward)
File No.
Registered No.

2. FULL NAME MRS. EMMY STOELZEL MAJOR
(a) Residence, No. 3121 CHESTNUT St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ARTHUR MAJOR
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 6 1864
7. AGE — YEARS: 69 MONTHS: 10 DAYS: 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NONE
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): COBURG GERMANY

FATHER
13. NAME: UNKNOWN STOELZEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): MR ARTHUR H. MAJOR 2640 VICTOR ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE: MT. MORIAH DATE: APRIL 16 1934
19. UNDERTAKER (ADDRESS): D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.
20. FILED 4-14 1934 M. M. Crane Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL - 13. 1934
22. I HEREBY CERTIFY, That I attended deceased from January 29. 1934 to April 13 1934
I last saw h.. alive on April 13. 1934 Death is said to have occurred on the date stated above, at 2:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic interst nephritis	years ago
and	
malignant hypertension	"

Other contributory causes of importance:

Name of operation none 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? no 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) O. Wolf, M. D.
(Address) 620 Argyle Bldg.

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

620 Argyle Bldg.
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