

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

Do not use this space.

MAY 25, 1934

13130

1. PLACE OF DEATH

County Jackson
Township East
City Kansas City (No. Research Hospital)

Registration District No. 377
Primary Registration District No. 1000

File No. 1000
Registered No. 100
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Research Hospital Ward. Consulting Room
(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.

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anton Bauer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24 1888</u>		
7. AGE YEARS <u>75</u>	MONTHS	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>April 21, 1934</u>
	11. Total time (years) spent in this occupation <u>62</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas

FATHER 13. NAME Anthony Vohs

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

MOTHER 15. MAIDEN NAME Elizabeth Baker

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

17. INFORMANT Mr. Anton Bauer
(ADDRESS) Louisburg, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisburg, Mo. DATE 4-30 1934

19. UNDERTAKER Ward B. Kuyper
(ADDRESS) Louisburg, Kansas

20. FILED Apr 27, 1934 M. M. Croave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1934, to Apr 27, 1934

I last saw her alive on Apr 24, 1934. Death is said to have occurred on the date stated above, at 5:45 am.

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

Pulmonary embolism Date of onset Apr 27, 1934
139031
Other contributory causes of importance:
Development of uterus years complete

Name of operation Ventrol Section Date of Apr 25, 1934
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Hopferhead, M. D.
(Address) 110th Kansas City, Mo.

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.

