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.

JUL 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 19519

Township: — Primary Registration District No.: 1001 — Registered No.: 654

City: St.Joseph, (No. 2613 So.18th.St. St. Ward)

2. FULL NAME: Wanda Jeane Kasselhut

(a) Residence, No. 2613 So.18th.St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan,5,1928

7. AGE: YEARS 6 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): St.Joseph, Mo.

FATHER

13. NAME: William Kasselhut
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wathena, Kansas

MOTHER

15. MAIDEN NAME: Gladys B.DeVore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

17. INFORMANT (ADDRESS): William Kasselhut 2613 So.18t.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: June,5,1934

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo

20. FILED: MAY 4 1934 19 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June,2,1934, 19

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1934, to June 2, 1934

I last saw her alive on June 2, 1934. Death is said to have occurred on the date stated above, at 10.30 P.M.

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

	Date of onset
Pericarditis, acute	5-30-34
56 C rheumatic	
93 P	

Other contributory causes of importance:

Myocarditis, acute	5-30-34

56a

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

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) W. Roger Moore, M. D.

(Address) Kirkpatrick Bldg, St.Joseph, Mo.