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.

SEP 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 29312

Township ~~New~~ — Primary Registration District No. 1002 — Registered No. 3729

City Kansas City (No. 5538 Forest St. Ward)

2. FULL NAME Freda Marmor

(a) Residence, No. 5538 Forest 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.

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: Anton Marmor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 26 1855

7. AGE: YEARS 79 — MONTHS 4 — DAYS 13 — 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): Indiana

FATHER

13. NAME: Fred Brunck
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): Anton Marmor, 3720 Bellfountain

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Elmwood — DATE: Aug 10 34

19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 W. Linwood

20. FILED 8-10 1934 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Aug 8, 1934. I last saw her alive on Aug 8, 1934. Death is said to have occurred on the date stated above, at 11:30 m.

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

~~Heat exhaustion~~
Heat exhaustion
[illegible]
[illegible]

Date of onset

191

Other contributory causes of importance:

Mitral regurgitation

Name of operation: None — Date of

What test confirmed diagnosis? None — Was there an autopsy?

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) James W. Graham, M. D.

(Address) 205 Argyle K.C. Mo.