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.

OCT 17 1934

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

Do not use this space.

File No. 32728

Registered No. 6 5 5

1. PLACE OF DEATH
County Jackson — Registration District No. 377
Township Kaw — Primary Registration District No. 1
City Kansas City Mo. (No. Menorah Hospital St. Ward)

2. FULL NAME Mrs. Sophia Schutzel
(a) Residence, No. 5247 Garfield St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1864

7. AGE — YEARS 69 — MONTHS 8 — 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. 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) K.C. Mo.

FATHER
13. NAME Aloysius Gress
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Bitter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mrs. Eulaye Harrington
(ADDRESS) 5247 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Sept 4 1934

19. UNDERTAKER J. H. Heuscomb's Sons
(ADDRESS) Kansas City

20. FILED Sept 2 1934 M. M. Crane asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on 3/20/, 19.... Death is said to have occurred on the date stated above at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull	
Subdural hemorrhage	

Other contributory causes of importance: No

Name of operation Autopsy Date of ....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/1/34, 19....
Where did injury occur? 5247 Garfield K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell down stairs at home
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address)