

**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. 30
 Township Kaw Primary Registration District No. 100
 City Kansas City (No. Trinity Hospital) St. _____ Ward _____

File No. 39444
 Registered No. 4955

2. FULL NAME Katherine Zondler

(a) Residence, No. 4728 Grand St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Karl C. Zondler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 13. NAME Shurer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Albert C. Zondler
 (ADDRESS) 4728 Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE Nov 14, 34,

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

20. FILED 11-13 34 M. M. Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13, 34 .19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 12, 1934

I last saw h. dr. alive on Nov 12, 1934. Death is said to have occurred on the date stated above, at 1:00P.

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

General intestinal carcinoma
note: Primary carcinoma possibly ovarian.
 Other contributory causes of importance: Intestinal perforation

Name of operation Laparotomy Date of Nov 11, 34
 What test confirmed diagnosis? operation Was there an autopsy? yes

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) Otto Kay Johnson, M. D.
 (Address) 306 Biello Bldg.

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.

Beats M. 2. 16.

W. 1910