MAY 24 1935

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

Do not use this space.

12909

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kan. — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. 6511-6-9th St. ..... St. ..... Ward)

2. FULL NAME Theresa A. Felske
(a) Residence, No. 6511-6-9th St. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25-1874

7. AGE YEARS 60 MONTHS 6 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

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. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Fred Bangert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Mo~~ Germany

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Jacob Felske 6511-6-9th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 4/16 1935

19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Independence Ave

20. FILED 4-15 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935, to April 14, 1935
I last saw her alive on April 14, 1934. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
8 26	

Other contributory causes of importance:
Auricullar Fibrillation

Name of operation ✓ 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? ..... 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) Paul A. G. Johnson, M. D.
(Address) 920 Newton

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.