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.

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

OCT 2 2 1935

Do not use this space.

29446

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 29446
Township Kaw — Primary Registration District No. — Registered No. 3448
City Kansas City (No. General Hosp. St. Ward)

2. FULL NAME Mrs. Zora Shick
(a) Residence, No. 437 So. Lawndale 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred N Shick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 15 1892
7. AGE: YEARS 43 MONTHS 4 DAYS 16 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): Ill.

FATHER
13. NAME: Michael Bache
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Alice McQuery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Fred N Shick 437 S Lawndale
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 9-4-35
19. UNDERTAKER (ADDRESS): H C Bergman
20. FILED 9-3- 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/1/35, 19
22. I HEREBY CERTIFY: That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 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
Acute hemorrhagic pancreatitis	
Acute peritonitis	
128	

Other contributory causes of importance:
no

Name of operation ..... Date of ....
What test confirmed diagnosis? Autopsy 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?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]