

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.

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

Do not use this space.

DEC 26 1935

35985

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. 419-NORTH HARDESTY) St. _____ Ward _____

File No. _____
Registered No. 5208

2. FULL NAME HEDWIG SCHUBERT

(a) Residence, No. 419-NORTH HARDESTY St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 HERMAN SCHUBERT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-27-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 24

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) MILWAUKEE
(STATE OR COUNTRY) WISCONSIN

13. NAME HENRY ZINN

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

15. MAIDEN NAME JOHANNA PROBST

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

17. INFORMANT MR. EDMUND H. SCHUBERT
(ADDRESS) 419-NORTH HARDESTY

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE NOVEMBER-5-1935

19. UNDERTAKER D.W. NEWCOMERS SONS
(ADDRESS) 2111-EAST 9TH ST.

20. FILED NOV 3 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-1-1935

22. WHEREBY CERTIFY, that I attended deceased from May 5, 1935 to Nov 1, 1935
I last saw him alive on Oct 30, 1935 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Cancer of Esophagus Date of onset 46

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) G. W. Allentain, M. D.
(Address) R. E. Wood

Mr. J. W. Morrison
West Side Bank Bldg

1:30-