

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

Do not use this space.

DEC 26 1935

36012

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 622) Benton Street St. _____ Ward _____

File No. _____
 Registered No. 6222

2. FULL NAME Mrs. Dorothy Tegeler

(a) Residence, No. 4340 Campbell 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 50 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 1 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Germany

13. NAME Lewis Graber

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

15. MAIDEN NAME Annie Beten

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

17. INFORMANT (ADDRESS) Mrs. Wm. Johnke
3624 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Nov. 8 1935

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel
Kansas City, Missouri

20. FILED Nov 6, 1935 25M M. Crow
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 4 1935 to Nov 5 1935

I last saw him alive on Nov 5 1935 Death is said to have occurred on the date stated above, at 8:15 pm

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

Intercranial Hemorrhage
High Blood Pressure

Arteriosclerosis

Other contributory causes of importance:

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? no Date of injury no, 1935

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) D. J. Carson

(Address) 3210 Indyp. ave

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.

3210 Paul. Ore

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