JAN 13 1936

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

Do not use this space.

791

38109

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.

Township..... Primary Registration District No. Registered No. 10135

City..... (No. 2827 N. 20th St. ..... Ward)

2. FULL NAME Margaret M. Kurtz

(a) Residence, No. 1302 Monroe St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1863

7. AGE: Years 72 | Months 3 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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. Housewife

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) St. Louis Mo

FATHER

13. NAME Patrick McNamara

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

MOTHER

15. MAIDEN NAME Margaret Tooby

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

17. INFORMANT Catherine Kurtz
(ADDRESS) 1302 Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Dec. 3, 1935

19. UNDERTAKER Goodhart & Goodhart
(ADDRESS) 2228 S. Broadway

20. FILED DEC - 2 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from MARCH, 1932, to NOVEMBER 30, 1935

I last saw her alive on NOVEMBER 25, 1935. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

	Date of onset
TERMINAL BRONCHOPNEUMONIA	
59	

Other contributory causes of importance:

DIABETES MELLITUS
GENERAL ARTERIOSCLEROSIS
SENILITY

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?..... 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) Lee Y. Hansen, M. D.

(Address) 195 St. Louis Av.

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.