

JAN 23 1936

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

Do not use this space.

39467

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Marys' Hospital) St. _____ Ward _____

File No. _____
Registered No. 05228

2. FULL NAME Mrs. Sophia Strauss

(a) Residence, No. 1604 Myrtle St. _____ Ward _____
(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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>5</u>	<u>63</u>	<u>4</u>	<u>24</u>	

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) Austria-Hungary

13. NAME Dominicas Maschler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria-Hungary

15. MAIDEN NAME Sabina Hauser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria-Hungary

17. INFORMANT Ignatz Strauss
(ADDRESS) 1604 Myrtle

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys' Cem DATE Dec 4 1935

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 W Linwood

20. FILED Dec 3 1935 M. M. Crown Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I, HEREBY CERTIFY, That I attended deceased from Nov 12, 1935, to Dec 1, 1935

I last saw her alive on Dec 1, 1935 Death is said to have occurred on the date stated above, at 6:15 P M

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

Diabetes Mellitus
Myocardial infarction
Other contributory causes of importance:
Myocardial infarction
myocardial infarction

Date of onset

Name of operation Autopsy Date of Nov 11 1935
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) Frank J. [Signature] M. D.
(Address) 406 or 34th St E. [Signature]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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