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.

FEB 20 1936

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

Do not use this space.
1439

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 392
Township Kaw — Primary Registration District No. 1002 — Registered No. 292
City Kansas City Mo. (No. 732, Corbin Terrace St. ..... Ward)

2. FULL NAME Mrs. William T. Huoni "Matilda"
(a) Residence, No. 732 Corbin Ter. St., ... 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William T. Huoni

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12-1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
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) Kansas City Mo

FATHER
13. NAME Henry Thilenius
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Amelia Kern
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) William T. Huoni 732 Corbin Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 1-20 1936

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 2041 W. Linwood

20. FILED 1-20 1936 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to Jan 18, 1936
I last saw her alive on Jan 8, 1936. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrous Pulmonary Tuberculosis	

Other contributory causes of importance:
Digestive Failure

Name of operation x Date of .....
What test confirmed diagnosis? X Ray 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? No
If so, specify .....
(Signed) Isadore Anderson, M. D.
(Address) 1317 Rialto Bldg.

Dr. Isadore [illegible]

Rialto Bldg.

723 W. 45th

JUN 19 1947