

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

Do not use this space.

5924

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kennett Primary Registration District No. 1002
 City Lee (No. Leeds Sanitarium)

File No. _____
 Registered No. 1024
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2743 main St., _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 11 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wpr
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1936
 22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1935, to 2/9/36
 I last saw her alive on 2/9/36, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 8 mos
23
 Other contributory causes of importance: _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo
 FATHER 13. NAME Mathias Raab
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Catherin Stengel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mathias Raab
2743 main
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cabary Cemetery DATE Feb 17, 1936
 19. UNDERTAKER (ADDRESS) John A. M. Mason
1415-215-20
 20. FILED 11, 1936 M. M. Crowe
 Registrar.

Name of operation None Date of _____
 What test confirmed diagnosis? Roentgen + Sputum No. _____
 23. If death was due to external causes (injury), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury None
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. W. Gabelman M. D.
 (Address) Kansas City Mo

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.

