

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

Do not use this space.

MAR 21 1936

6130

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Paris Primary Registration District No. 1002
City Kansas City (No. 2838, Street Forest St. _____ Ward _____)

File No. _____
Registered No. 948

2. FULL NAME

Mrs. Wilhelmina Goertz

(a) Residence, No. 2838 Forest St., _____ Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to February 22, 1936
I last saw her alive on January 21, 1936. Death is said to have occurred on the date stated above, at 6:20 AM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15-1855

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 7

Carcinomatous

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

4/5

Other contributory causes of importance:
Cancer of the soft palate and destruction of superior maxillary bone.

12. BIRTHPLACE (CITY OR TOWN) Lutbeck (STATE OR COUNTRY) Germany

Name of operation Stomach Date of _____
What test confirmed diagnosis? Electro Was there an autopsy? No

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Lizzie Zepp (ADDRESS) 2838 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb 24, 1936

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 N. Linwood

20. FILED 7 29 19 36 M. M. Grover Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) Edward West, M. D.
(Address) 2544 Olive St

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.

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