

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.

APR 23 1936

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

Do not use this space.

10572

1230

1. PLACE OF DEATH

County Jackson Registration District No. 3
Township Jackson Primary Registration District No. 1
City Kansas City (No. 2 - Gen. Hosp.) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. 2038 Osburn Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
42 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Mo

13. NAME Charles Sutter

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

15. MAIDEN NAME Katie Meyer

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

17. INFORMANT We used Clerk
(ADDRESS) 722 Gen Hosp 12 CW

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Washington DATE 3-9 1936

19. UNDERTAKER Rose W. Anderson
(ADDRESS) 15 W 9 Jackson

20. FILED 3-7 1936 M. M. Drew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1936, to 3-5, 1936

I last saw her alive on 3-5, 1936 Death is said

to have occurred on the date stated above, at 11:30 AM

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

Bunchepneumonia Date of onset _____

Other contributory causes of importance: 121
chronic nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) _____, M. D.

(Address) 722 Gen Hosp

