

APR 23 1936

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

Do not use this space.

10573

1. PLACE OF DEATH

County JacksonRegistration District No. 3Township KawPrimary Registration District No. 1City Kansas City(No. 2731 Van Buren)File No. 1231

Registered No. _____

St. _____ Ward _____

2. FULL NAME Jane Louise Mintzer(a) Residence, No. 2731 Van Buren St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1916

7. AGE YEARS 19 MONTHS 8 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) K.C., K.

MOTHER FATHER

13. NAME Hugh Mintzer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flourtown, Kansas15. MAIDEN NAME Edna Thompson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.17. INFORMANT Mrs. Edna Huntington (ADDRESS) 2700 White Ave. K.C., K.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope Cem. DATE 2/2/36 19.19. UNDERTAKER Long, Geo. H. (ADDRESS) K.C., K.20. FILED 3-7 1936 M. M. Thome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-36 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19..... to _____, 19.....

I last saw Deputy Coroner at _____, 19..... Death is said to have occurred on the date stated above, at 4 PM.

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

Acute Cerebral Edema (same mechanism) Date of onset _____Bilateral PneumoniaPulmonary Edema 8/2

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Pulps Was there an autopsy? yes

23. If death was due to external cause (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) Russell W. Pen, M. D.(Address) K.C., 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.

KE. Mo
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