Dr. J. Connell
Medical Arts Bldg
: 12 :

APR 23 1936

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

Do not use this space.

11060

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1[illegible]

City Kansas City (No. St. Marys Hospt. St. 1[illegible] Ward)

2. FULL NAME Julia M. Kohlbeck

(a) Residence, No. 4105 Wyoming 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fe.	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	8	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Jan 25, 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Andrew Gantner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Oscar Kohlbeck 4115 Wyoming

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 1, 1936

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Linwood & Main.

20. FILED Mch 31, 1936 M. M. Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to Mar 29, 1936

I last saw her alive on Mar 29, 1936. Death is said to have occurred on the date stated above, at 12 30 m.

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

	Date of onset
Chronic cholecystitis and cholecystitis	6 mo.
126	
Other contributory causes of importance: Peritonitis (Bile).	2 days.

Name of operation Cholecystectomy Date of Jan 27 1936

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? No

If so, specify

(Signed) J. O. Connell, M. D.

(Address) 923 Medical Arts Bldg

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.