JUL 24 1936

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

Do not use this space.

23032

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. Menorah Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1602
File No.
Registered No. 2064

2. FULL NAME: Mrs. Frances Elona Wirt
(a) Residence, No. 5004 Bellefontaine 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 3, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
75	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Wisconsin

FATHER
13. NAME: Seymour W. Banker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER
15. MAIDEN NAME: Ellen La Salle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT: Fred A. Wirt
(ADDRESS) Racine, Wis.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE: Cook, Neb. DATE: 6-22-36, 19

19. UNDERTAKER: Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED: 6/22, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1931, to June 21, 1936
I last saw her alive on June 21, 1936. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Renal Vascular Disease

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Victor Henry Bergmann, M. D.
(Address) 818 Professional Bldg.

N. B.—Every [illegible] supplied. Avoid [illegible] be stated exactly. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.