

FEB 25 1937

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

Do not use this space.

1219

1. PLACE OF DEATH

48 County JacksonRegistration District No. 39912 Township KawPrimary Registration District No. 0028 City Kansas City, Mo. (No. 3324 Forest)File No. 10

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mrs. Barbara Schweinsberger(a) Residence, No. 3324 Forest 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 <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
|--------------------|------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ignatz Schweinsberger6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1845

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>91</u> | <u>0</u> | <u>13</u> | |

| | | | |
|------------|---|-------------|------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>None</u> | <u>262</u> |
| | 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) Germany13. NAME John Trenkler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Theresa Ellensohn,
(ADDRESS) 3324 Forest, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Jan. 5-3719. UNDERTAKER C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED 1-2 1937 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1937

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

I last saw h. _____ at _____ on _____, 19____. Death is said

to have occurred on the date stated above at _____.

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

Chronic form of myocarditis
Chronic sclerosis
745A

Other contributory causes of importance:

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

(Signature) _____, M. D.

(Address) _____

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.

