FEB 25 1937

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

Do not use this space.

1393

File No.

Registered No. 184

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1062

City Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME Gertrude Krute

(a) Residence, No. 4908 E 24th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

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: Sam Krute

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: Years 39 — Months — — Days — — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

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): England

FATHER

13. NAME: Barnett Sherr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

MOTHER

15. MAIDEN NAME: Ethel Klass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

17. INFORMANT (ADDRESS): Sam Krute 4908 E 24th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sheffield Cem. DATE: 1-13- 1937

19. UNDERTAKER (ADDRESS): J. P. Lewis Funeral Home City

20. FILED: Jan 12 1937 M. M. Crosser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-12- 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937, to Jan 12 1937. I last saw her alive on Jan 12 1937. Death is said to have occurred on the date stated above, at 6:25 A.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1/10/37

Other contributory causes of importance: Chr. Valv. Heart Disease — Date of onset 1/9/37

Acute oppressive suffering

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) D. W. Emmons M. D.
(Address) 4900 E 24th S. 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

4800 E 24th