

APR 8 1937

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

Do not use this space.

9651

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 9651
Township Kaw Primary Registration District No. 1002 Registered No. 1002
City Kansas City (No. St. Lukes Hosp.) St. 1 Ward 1

2. FULL NAME Mrs. NELLE GREICHEN Poettgen

(a) Residence, No. 2210 E. 68th Terr. St. 1 Ward 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 LEE H. POETTGEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 7 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 0 11

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

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) DOOD CITY ARK.13. NAME JNO. MABON HUSTON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PAOLA KAN.15. MAIDEN NAME JOHANNA BEBELAIN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.17. INFORMANT LEE H. POETTGEN
(ADDRESS) 2210 E. 68th TERR.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar 20 193719. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)20. FILED Mar 19 1937 M. M. Cronin
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 193722. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1937, to Mar 18, 1937

I last saw him alive on Mar 18, 1937. Death is said to have occurred on the date stated above, at 5:07 p.m.
The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of the liver Date of onset 46

Other contributory causes of importance: Removal of gall stones from the liver

Name of operation No Date of Yes
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? No
If so, specify

(Signed) F. C. Ramsey, M. D.
(Address) 311 West 1st St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Argyle Bldg.