

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.

MAY 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*

Registration District No. *399*

File No. *15223*

Township

Primary Registration District No. *1003*

Registered No. *1700*

City *Kansas City, Mo.* (No. *St. Marys Hospital*)

Ward

2. FULL NAME *Susan K. Schmittner*

(a) Residence, No. *3913 Central St. K.C., Mo.* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4* 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*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/12/37*, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm J. Schmittner*

22. I HEREBY CERTIFY That I attended deceased from *St. Marys Hospital*, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 8-1870*

I last saw him alive on *10/5/36*, 19. Death is said to have occurred on the date stated above, at *10/5/36*.

7. AGE YEARS *66* MONTHS *10* DAYS *4* If LESS than 1 day,hrs. ormin.

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

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. *Home*

10. Date deceased last worked at this occupation (month and year) *4-11-37*

11. Total time (years) spent in this occupation *4 1/2*

Second and third degree burns of trunk and extremities

Other contributory causes of importance: *181*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buffalo N.Y.*

13. NAME *James Etchingham*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Susan Carroll*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Wm J. Schmittner* (ADDRESS) *3913 Central St. K.C., Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *April 14, 1937*

19. UNDERTAKER *Geo A. Butler & Son* (ADDRESS) *K.C., Mo.*

20. FILED *4-13-37* *mm Brown* Registrar.

Name of operation *Not a compound fracture* Date of *4/12/37*

What test confirmed diagnosis *fractures* Was there an autopsy? *28*

23. If death was due to external cause (if true), fill in also the following: Accident, suicide, or homicide Date of injury *4/12/37*

Where did injury occur? *3913 Central St. K.C., Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Choking (lung) after*

Nature of injury

24. Was disease of injury in any way related to occupation of deceased? If so, specify *None*

(Signed) *Wm J. Schmittner*, M. D.

(Address) *St. Marys Hospital*

Home and not from

