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.

MAY 15 1937

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

Do not use this space.

15336

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1215 Agnes St. Ward)

2. FULL NAME Mrs. Effie E. Bilz

(a) Residence, No. 1215 Agnes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 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: Arthur Bilz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1868

7. AGE: 35

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	11	10	

OCCUPATION

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): Topeka Kansas

FATHER

13. NAME: Edward W. Keller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Georgianna Streeter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Arthur Bilz 1215 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Apr 22, 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons

20. FILED Apr 20 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1937, to Apr. 19, 1937
I last saw her alive on Apr. 19, 1937. Death is said to have occurred on the date stated above, at 5:10A.m.
The principal cause of death and related causes of importance were as follows:

Labor Pneumonia — Date of onset Apr 15

108

Other contributory causes of importance: Myocarditis

Name of operation ..... Date of .....
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) E. L. Gmaberg, M. D.
(Address) 709 Shuker & Bldg

709 Shubert Bldg.