

JUN 12 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18907

2131

File No. _____

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township Kaw Primary Registration District No. _____

City Kansas City (No. 1232 Agnes)

2. FULL NAME Mrs. Amelia Christine Ziegler

(a) Residence, No. 1232 Agnes St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chris Ziegler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 18

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.

10. Data 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) Wrightstown Wis.

13. NAME Karl Sommerfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie A. Kelman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Russell E. Huffman
(ADDRESS) 4233 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash. DATE May 7, 1937

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

20. FILED 5-5 37 M. M. Crowe and
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937, to May 5, 1937

I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 2:10 p.m. P.M.

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

Cerebral hemorrhage
2. Hypertension
82a
Date of onset 4/28/37

Other contributory causes of importance:
Arteriosclerosis
4/21/37

Name of operation _____ 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) J. H. White M. D.
(Address) 0925 Angell Bldg.

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.

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Argyle Bldg.