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

JUL 10 1937

Do not use this space.

File No. 22795

Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: K. C. Mo. (No. 3703 Jarboe St. Ward)

2. FULL NAME: Mrs. Augusta E. Breitag,

(a) Residence, No. 3703 Jarboe St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis M. Breitag

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 17, 1860

7. AGE: Years 77 — Months 4 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

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OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.
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): Germany

FATHER
13. NAME: Michael Weise
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Wilhelmina Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Otto W. Breitag
(ADDRESS) 3703 Jarboe

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: June 17, 1937

19. UNDERTAKER: Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 6/16, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1937, to June 15, 1937
I last saw h. alive on June 15, 1937. Death is said to have occurred on the date stated above, at 2:35 m. am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
From history about	2 yrs.
46	

Other contributory causes of importance:

Hypostatic congestion of lungs	24 hrs

Name of operation: no — Date of: —
What test confirmed diagnosis? Path. — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — 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: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H. H. Lane, M. D.
(Address) 824 Rialto 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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