

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

Do not use this space.

1. PLACE OF DEATH **JUL 10 1937**

County Jackson

Registration District No. 399

File No. 22800

Township Kaw

Primary Registration District No. 1002

Registered No. 2285

City Kansas City (No. St. Josephs Hospital)

St. Ward

2. FULL NAME Christine E. Kasper

(a) Residence, No. 4009 Charlotte St. Ward.

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathew A. Kasper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1892

7. AGE YEARS 44 MONTHS 5 DAYS 27 If LESS than 1 day,hrs. ormin.

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. 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) Nashville, Tenn

13. NAME William Schey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn

15. MAIDEN NAME Lula Myers

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

17. INFORMANT Harry M. Kasper (ADDRESS) 4009 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6-19-37 19.

19. UNDERTAKER QUIRK AND TOBIN CO (ADDRESS) 20 W. Linwood

20. FILED 9/16 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to June 16, 1937

I last saw him alive on June 15, 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Hypostatic Pneumonia
Lobar Effusion

Date of onset 6-13

Other contributory causes of importance:
lung abscess
pleurisy of Jan
pericarditis

mixed infection
with tuberculosis
Nov 1936

Name of operation none Date of.....
What test confirmed diagnosis? Was there an autopsy Yes

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) Eugene A. Parsons, M. D.
(Address) 1125 Bank Bldg

RCITB

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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