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.

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

JUL 10 1937

Do not use this space.

22937

File No. 2253

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. 1309 Askew St. Ward)

2. FULL NAME Mrs. Alma Margaret Wetsel
(a) Residence, No. 1309 Askew St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 19, 1966

7. AGE: 62 — YEARS: 71 — MONTHS: 5 — DAYS: 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Minn.

FATHER
13. NAME: Nicodemus Wernz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

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

17. INFORMANT (ADDRESS): Arthur L. Wetsel, 1527 E 49 Terrace, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: June 26-37

19. UNDERTAKER (ADDRESS): C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED 6-26 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25-37, 19

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937, to June 25, 1937
I last saw her alive on June 24, 1937. Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Degeneration — Date of onset
131

Other contributory causes of importance:
Chronic Interstitial Nephritis & Angina Pectoris

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 3
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr Frank Chase D.O.
(Address) 4316 E 9th. K.C. Mo

X9314