AUG 11 1937

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

Do not use this space.

26140

1. PLACE OF DEATH
County Jackson 2 Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3927 Chestnut St. Ward)

File No.
Registered No. [illegible]

2. FULL NAME Mrs. Josephine Etzel
(a) Residence, No. 3927 Chestnut 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: Frank Etzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 3 1848

7. AGE: 89 years; Months: 5; Days: 28; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Germany

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

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Eeo Clifford, 3927 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Le Mars, Iowa DATE 7-5-37 19

19. UNDERTAKER (ADDRESS): QUIRK AND TOBIN COMPANY, 20 W. Linwood

20. FILED July 2, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937, to July 1, 1937
I last saw her alive on June 29, 1937 Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

Acute dilation of heart — Date of onset: June 29-37

Other contributory causes of importance: Hypertrophy of Liver

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) W M Slaughter, M. D.
(Address) 4220 Bell, Kc. Mo

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.