AUG 11 1937

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

Do not use this space.

File No. 26424

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 2817 Park Avenue St. Ward) 2

2. FULL NAME: Katherine Elizabeth Traeger

(a) Residence, No. 2817 Park Avenue 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Michael Traeger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 4, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	82	7	20	

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): Maryland

FATHER

13. NAME: Henry Martin

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

MOTHER

15. MAIDEN NAME: Margarete Stoerr

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

17. INFORMANT: Mrs. Nellie Albert (Daughter)
(ADDRESS) 2817 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL: Forest Hill Cemetery
PLACE Kansas City, Mo. DATE July 27, 1937

19. UNDERTAKER: Stine & McClure Undertaking Co
(ADDRESS) 3235 Gillham Plaza

20. FILED July 26, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1937, to 7-24, 1937

I last saw her alive on 7-24, 1937. Death is said to have occurred on the date stated above, at P. m. 6:15

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

	Date of onset
Bronchio Pneumonia	
1070	

Other contributory causes of importance:

Myocardial failure

Name of operation: NO 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) [illegible] M. D.

(Address) 814 Prof 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.

Pref. U19224
before 2 PM.