

AUG 11 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 10.2City Kansas City, Mo.(No. 3707 E 29th St.)File No. 26439Registered No. 3152St. 2

Ward

2. FULL NAME Katherine Ann Schwickrath(a) Residence, No. 3707 E 29th St. St., 2 Ward.Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fem.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF John Peter Schwickrath
(OR) WIFE OF

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

3/7/1862

7. AGE

YEARS 65MONTHS 4DAYS 19

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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) Mo.

FATHER

13. NAME Phillip Imhoff14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Ann Bishop16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Herman P. Schwickrath
Linwood and Western St. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tipton, Mo. DATE 7/28/37

19. UNDERTAKER

(ADDRESS) Sheil Funeral Home
6606 Indep. Ave., K. C. Mo.

20. FILED

July 27, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 193722. I HEREBY CERTIFY, that I attended deceased from Dec 28, 1936, to July 26, 1937I last saw her alive on July 21, 1937. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

CarcinomatosisDate of onset Dec 28 '36

Other contributory causes of importance:

Primary Carcinoma
L. OvaryName of operation oophorectomy Date of 7/1/37What test confirmed diagnosis? Microscopic 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 124. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Robert M. Schickler, D.(Address) 820 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.

