

OCT 19 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. 1002)

Registration District No. 299
Primary Registration District No. 1002

File No. 33204
Registered No. 3573
St. _____ Ward _____

2. FULL NAME Ina Lindemann

(a) Residence, No. 1825 Norton St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 William Lindemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24, 1898

7. AGE YEARS 58 MONTHS 9 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ill

13. NAME Frank Graves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Sophie Supel

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

17. INFORMANT William Lindemann (ADDRESS) 1825 Norton

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland DATE 9-9 1937

19. UNDERTAKER Frank Mortuary (ADDRESS) 104 West 25th

20. FILED Sept 7 1937 M. M. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1937, to 9-7 1937

I last saw him alive on 9-7 1937 Death is said to have occurred on the date stated above, at 7:25 a.m.

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

Chronic Chole cystitis Date of onset _____

with common duct stone

9:30

Other contributory causes of importance:

Chronic Bronchitis

pancreatitis

Name of operation _____ 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? _____

If so, specify _____

(Signed) P. De Maria M. D.

(Address) St. Louis, 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.

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