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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. 5600, Forest St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 36782
Registered No. 4211

2. FULL NAME Mrs. Gertrude Olive Schurke
(a) Residence, No. 5600 Forest 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Otto E. Schurke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28, 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
48	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
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): Chicago, Illinois

FATHER
13. NAME: Olaf Iverson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Otto E. Schurke, 5600 Forest

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Oct 20, 1937

19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 W. Linwood

20. FILED 10-19, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1937, to Oct 18, 1937
I last saw her alive on Oct 18 1937. Death is said to have occurred on the date stated above, at 12:30 pm m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Endocarditis	
131	

Other contributory causes of importance: Chronic Interstitial nephritis

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) [signature] M. D.
(Address) 214 Wirthman 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.

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Me 3020

1:00 to 4:30