

DEC 20 1937

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

Do not use this space.

40364

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. St. Marys Hosp.)

Registration District No. 399
Primary Registration District No. 1007

File No. _____
Registered No. 4578
St. _____ Ward _____

2. FULL NAME

Mrs. Hannah Schiesser
(a) Residence, No. 809 Van Buren Blvd. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 31 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 Fe 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 84 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Ireland

13. NAME Dan Mahoney

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

15. MAIDEN NAME Mary Mahoney

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

17. INFORMANT L. F. Snodgrass
(ADDRESS) 824 1/2 Kansas City, Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salvator Crem. DATE 11/27/37, 19__

19. UNDERTAKER W. F. Meyers
(ADDRESS) 2315 Lincoln Blvd.

20. FILED Nov 21, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937, to Nov 19, 1937

I last saw her alive on 11-19-37, 19__ 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:

Cerebral hemorrhage Date of onset 10/29/37
arterio sclerosis

Other contributory causes of importance: 82a

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? Yes

If so, specify Hubert M. Parker, M. D.

(Signed) _____ (Address) 736 Argyle

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.

Dr. Parker
Maybury & Iron Rev.

May 1861