JAN 17 1938

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

Do not use this space.

44407

1. PLACE OF DEATH
County Jackson — Registration District No. 379 — File No. —
Township Kaw — Primary Registration District No. 1002 — Registered No. 5310
City Kansas City (No. 5706 Rockhill Road St. Ward)

2. FULL NAME Mary C. Kornbrodt
(a) Residence, No. 5706 Rockhill Road 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: Charles T. Kornbrodt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 23, 1863

7. AGE: YEARS 74 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home 23
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): Missouri 1

FATHER
13. NAME: August Stausch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record 31

17. INFORMANT (ADDRESS): Charles T. Kornbrodt (Husband) 5706 Rockhill Road, Kansas Cy., Mo

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Moriah Mausoleum
PLACE Kansas City, Mo DATE Jan. 8 1938

19. UNDERTAKER (ADDRESS): Stine & M Clure Kansas City, Missouri.

20. FILED 12/31, 1937 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to Dec 31, 1937
I last saw her alive on Dec 31, 1937. Death is said to have occurred on the date stated above, at A. m. 7:30
The principal cause of death and related causes of importance were as follows:

Carcinoma of cervical
Sub maxillary region
primary lesion not known
Autopsy denied

Date of onset

Other contributory causes of importance: 53

Name of operation ..... 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? .....
If so, specify .....
(Signed) H S Hickok, M. D.
(Address) 1025 Rialto 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.

~~Vc 4751~~ 8880