

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

Do not use this space.

REC'D APR 23 1938

9521

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 3125, Washington Ward)

File No. \_\_\_\_\_  
 Registered No. 986  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Rosa Anna Schrader Wirthman 635

(a) Residence, No. 3125 Washington 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. George Wirthman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1, 1860  
 7. AGE YEARS 77 MONTHS 7 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Barry, Clay County Missouri

FATHER 13. NAME Christopher Schrader

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hildesheim Germany

MOTHER 15. MAIDEN NAME Wilhelmina Moore

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

17. INFORMANT Fred Wirthman (ADDRESS) 422 W. 65th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Marys DATE March 3, 1938

19. UNDERTAKER Wagner Family Home (ADDRESS) 204 W. Linwood

20. FILED March 2, 1938 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/19, 1932, to Mar 1, 1938  
 I last saw him alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 12:00 noon  
 The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis  
Just before 3/19/32  
General atherosclerosis  
with first left ventricular  
thrombosis - last attack  
5 days ago.  
 Other contributory causes of importance:  
Dead on come  
with long anginal  
hypertension of years.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? autopsy Was there an autopsy? \_\_\_\_\_

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) Ludwig S. Helms, M. D.  
 (Address) 7132 R. Jessenau Rd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Prof 6009