

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH13448
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100V Registered No. 1428
 (c) City Kansas City (d) Street No. 5330 Harrison St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Elizabeth M. Straub 361
 (a) Residence, No. 4012 Harrison St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 OR WIFE OF Oscar Straub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 6 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jackson
 (STATE OR COUNTRY) Pennsylvania

13. NAME Rank Bickel, Sr.

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

15. MAIDEN NAME Maria Ank

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

17. INFORMANT Mrs. W. S. Walker
 (ADDRESS) 5330 Harrison St.

18. BURIAL PLACE Forest Hill DATE Apr. 4, 1938
~~CREMATION OR REMOVAL~~

19. FUNERAL DIRECTOR Freeman Mortuary & Chapel
 (ADDRESS) Kansas City, Mo.

20. FILED Apr 3 38 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to April 1, 1938

I last saw her alive on April 1, 1938 Death is said to have occurred on the date stated above, at 9:50 p.m.

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

Cerebral Hemorrhage. Date of onset March 28

Other contributory causes of importance:

Arteriosclerosis.

Name of operation..... Date of.....
 What test confirmed diagnosis? Physical findings 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) Carl G. Lindquist, M. D.

(Address) 704 Pt. L. Bldg.

