

REC'D MAY 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 209  
Township Rau Primary Registration District No. 1004  
City Kansas City (No. 4936, Walton) St. \_\_\_\_\_ Ward \_\_\_\_\_

13777

File No. \_\_\_\_\_  
Registered No. 1757  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Elizabeth Werner 656

(a) Residence, No. 49360 Walton 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph J. Werner</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9 1842</u>				
7. AGE	YEARS <u>96</u>	MONTHS <u>3</u>	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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. <u>1</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 1937 to April 23 1938

I last saw h. er alive on April 19 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Chronic Myocardial Date of onset known

Other contributory causes of importance:

Senility

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. E. Ball \_\_\_\_\_, M. D.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	<u>6</u>
	13. NAME <u>Tom Naber</u>	<u>6</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Dorothea Fehrkahn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs. Inez W. Balcom</u> (ADDRESS) <u>4938 Walton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paula Rts.</u> DATE <u>April 26 38</u>		
19. UNDERTAKER <u>W. Werner Sons</u> (ADDRESS) <u>Bushy Creek + Peace</u>		
20. FILED <u>4-25-38</u> <u>M. M. Crowl</u> Registrar. <u>368</u> (Address) <u>1102 E 49-</u>		

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.

100.1  
Dinnest Centre Bldg

Ro 3/02.

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