

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

Do not use this space.

REC'D AUG 8 1938

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township

Primary Registration District No. 7

City Kansas City

No. Research 14290/2

File No. 24276

Registered No. 2781

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Rose Etta Sewald

(a) Residence, No. 601 S. Willow St. \_\_\_\_\_ Ward 430  
(Usual place of abode)

Ottawa Kansas  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Sewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1881

7. AGE YEARS 57 MONTHS 4 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Kansas

13. NAME John Albert Mock

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

15. MAIDEN NAME Mahaley Whitney

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

17. INFORMANT Maude Houser (ADDRESS) 3119 E. 20

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa Kans DATE 7/11 1938

19. UNDERTAKER Stine-mcClure (ADDRESS) 15 E. mo.

20. FILED 7-11 1938 M. M. Crowe, asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28 1938, to July 10 1938

I last saw h.e.f. alive on July 10 1938. Death is said to have occurred on the date stated above, at 11:40 P.M.

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

Coronary Occlusion

Other contributory causes of importance: Carcinoma of the Bladder

Name of operation Cholecystectomy Date of 7/7/38  
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? 1  
If so, specify \_\_\_\_\_  
(Signed) J. S. Montgomery M. D.  
(Address) Prof. Bldg

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.

