REC'D OCT 15 1939

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

Do not use this space.

31230

File No. 3527

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

(No. 4108 Genesee St. Ward)

2. FULL NAME Mary Josephine Kneaves 512

(a) Residence, No. 4108 Genesee St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 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: Martin F. Kneaves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1869

7. AGE: YEARS 69 MONTHS 3 DAYS 23 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): Zurich Switzerland

FATHER

13. NAME: Frederick Leu

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Marie (No record)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Mrs. Mary Julia Offenstein 59th and Santa Fe Trail

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Sept. 9 1938

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas

20. FILED Sept 8 1938 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1938, to Sept 7, 1938

I last saw her alive on Sept 7, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

| | Date of onset |
|---|---|
| Coronary Thrombosis | 9/5/38 |
| Aut. Branch - Left Coronary | |

Other contributory causes of importance: 94

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) E. A. Burkhardt, M. D.

(Address) 3346 Summit K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.