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.

REC'D NOV 21 1938

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

Do not use this space.

34581

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C.Mo. (No. Trinity Hospital St. Ward)

Registration District No. 395
Primary Registration District No. 1002

File No.
Registered No. 3917

2. FULL NAME Dorothy Mae Schwarz
(a) Residence, No. 3505 E.58th.St.Treeace 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. F. Schwarz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct.21,1902

7. AGE: YEARS 35 MONTHS 11 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Boonville Missouri

FATHER
13. NAME Joe Keithley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri

MOTHER
15. MAIDEN NAME Unk. Deck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri

17. INFORMANT (ADDRESS) Wm. F. Schwarz 3505 E. 58th Town K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct.8,1938

19. UNDERTAKER (ADDRESS) J.F.O'Donnell,Co. 3256 Broadway, K.C.Mo.

20. FILED Oct 7 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct.6,1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1938, to Oct 6, 1938
I last saw her alive on Oct 5, 1938. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Surgical Shock
Myocardial failure
General inanition

121

Date of onset

Other contributory causes of importance:
Acute exacerbation of a chronic appendicitis

Name of operation Appendectomy Date of Sept. 28.
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? no.
If so, specify
(Signed) Robert M. Myers, M. D.
(Address) 1025 Rialto Bldg.