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.

18-1288 SEP 6 1939

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

Do not use this space.

399

28303

1. PLACE OF DEATH
County Jackson 2
Township Kaw 1
City Kansas City, Mo (No. 3001 Jackson St. Ward)
Registration District No. 1002
Primary Registration District No.
File No.
Registered No. 3305

2. FULL NAME Mrs Bertha Alice Scheck

(a) Residence, No. 3001 Jackson 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 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 Paul Scheck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-1908

7. AGE Years 31 Months 3 Days 27 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Madison Kansas

FATHER
13. NAME Millard Spitznogle 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 1

MOTHER
15. MAIDEN NAME Dora Townsend 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Paul Scheck
(ADDRESS) 3001 Jackson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill DATE 8/21/39 19

19. UNDERTAKER O. V. Mast Funeral Home
(ADDRESS) 3146 Main St

20. FILED Aug 21 1939 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18- 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21 1939, to Aug 18 1939
I last saw her alive on Aug 16 1939. Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | |
| 920 | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic cerebrovascular | |

Name of operation — Date of
What test confirmed diagnosis? Physical 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) Chas V. Fry, M. D.
(Address) 1003 Main

Dr Chas. Fry
530 Lee Bldg Ha #7949 afternoon