REC'D SEP 6 1939

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

Do not use this space.

File No. 28432

Registered No. 96

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No.

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Rita Louise Voigts

(a) Residence, No. St., Ward. Johnson Co. Kans.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	0	0	0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Hadley Voigtsdorf

14. BIRTHPLACE (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Frances Ahlenstorf

16. BIRTHPLACE (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Kansas

17. INFORMANT Hadley Voigts
(ADDRESS) Johnson County, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lenexa Cemetery DATE Aug. 28, 1939

19. UNDERTAKER H. E. Julien
(ADDRESS) Olathe, Kansas

20. FILED 9/27, 1939 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on Stillborn, 19..... Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Rupturing	
Paralysis	

Other contributory causes of importance:
Stillborn

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

What test confirmed diagnosis? ..... Was there an autopsy?

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) W. Jones, M. D.

(Address) Olathe Kas.

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.