

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.

RECD DEC 14 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township JanePrimary Registration District No. 1002City Kansas City (No. 536)Primary Registration District No. St. Joseph Hospital

38276

File No. 4510Registered No. 4510St.                      Ward                     2. FULL NAME Mrs. Mary(a) Residence, No. Coronado HotelAnderman

(Usual place of abode)

St.                      Ward                     

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leo Widowed</u>
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1883

7. AGE <u>73</u>	YEARS <u>0</u>	MONTHS <u>17</u>	DAYS <u>                    </u>	IF LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>                    </u>	11. Total time (years) spent in this occupation <u>                    </u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>	
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Unk Waltenburg14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Winkler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mrs. J. N. Olson18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 21 193819. UNDERTAKER (ADDRESS) Dr. Neocomer's Sons20. FILED Nov 20, 1938 M. M. Browne Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 193822. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1938 to Nov. 18 1938I last saw h. & T. alive on Nov. 18 1938. Death is said to have occurred on the date stated above, at 620 A. m.

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

Enormous Carcinoma  
Sigmoid  
Obstruction Bowels

Other contributory causes of importance:  
Unknown Cancer  
MyocardosisName 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) Dr. John O. Skinner M. D.  
(Address) 1402 Bryant Bldg.

Brigant 2010  
2-6