

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

Do not use this space.

21420

1. PLACE OF DEATH

County..... Jackson

Registration District No. 399

Township..... Karr

Primary Registration District No. 1002

City..... Kansas City (No. 6512 Linden Road)

File No. 21420

Registered No. 21420

St. _____ Ward _____

2. FULL NAME

Mrs. Minnie Ehlers Primim

(a) Residence. No. 6512 Linden Rd. St. _____
(Usual place of abode)

Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Valney A. Primim

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

Nov 16-1880

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>46</u>	<u>7</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... at home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Texas

10. NAME OF FATHER

William Ehlers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Bertha Sladczyk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Texas

14.

INFORMANT Ethel Darnold
(Address) 6512 Linden Rd.

15.

FILED 7/11 27 M M Crow
REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 9 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 25, 1927, to July 7, 1927 that I last saw h. a. July 7, 1927, and that death occurred, on the date stated above, at 2 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the uterus

48

46 (duration)..... yrs. 8 mos. da.

CONTRIBUTORY (SECONDARY)

(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 1926

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? phys exam
(Signed) R. T. Bloom, M. D.

7-9, 1927 (Address) Rt 1324

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Moriah

DATE OF BURIAL

7/11/27

20. UNDERTAKER

The Freeman Mortuary 3146 Main

ADDRESS

3146 Main

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.

