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

Do not use this space.

24544
2951

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 2951

Township Kaw — Primary Registration District No. ..... — Registered No. 399

City K. C. (No. 426 N. Brighton St. ..... Ward)

2. FULL NAME Clara Struver

(a) Residence. No. 426 N. Brighton St. 10 Ward (If nonresident, give city or town and State)
(Usual place of abode)

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	married

3A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Struver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 28, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	34	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(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) Ill.

PARENTS

10. NAME OF FATHER Chas. Stumpf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ga

12. MAIDEN NAME OF MOTHER Mary Stiner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill.

14. INFORMANT John Struver
(Address) 426 N. Brighton

15. FILED 7-6, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... Deputy Coroner ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Stanley McHall, M. D.
7/6, 1929 (Address) Deputy Coroner

*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	DATE OF BURIAL
Sedalia, Mo	July 8, 1929

20. UNDERTAKER	ADDRESS
C. H. Blackman & Son	2825 Sandy Blvd

1929

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 24544-29

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2951

On this 31st. day of March, 1960, before me appears John F. Strueber, who, upon his oath, states that the original record of death for Clara Struver died July 6, 1929, 19..., in the State of Missouri, and which was filed at Kansas City, Missouri on 7-6-29, 19..., should be corrected as follows:

Item No. 2 should read Clara Strueber
Instead of Clara Struver

Item No. 5a &14 should read John Strueber
Instead of John Struver

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John F. Strueber Husband
Relationship.

Kansas City, Missouri
Present Address.

Subscribed and sworn to before me this 31st. day of March, 1960

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain [illegible] that it may be properly [illegible]. Exact state [illegible]

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

V. S. 460

24544