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

Do not use this space.

27904

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3596
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo (No. 2504 Brighton St. Ward)

2. FULL NAME Mrs. Mary-Anna-Schultz
(a) Residence. No. 2504 Brighton St., 14 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: Henry Schultz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-19-1867

7. AGE: 61 YEARS, 11 MONTHS, 1 DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

PARENTS
10. NAME OF FATHER: Wm Kunzweiler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Leo. Schultz
(Address) 2507 Poplar

15. FILED 8/23 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug-20 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to Aug 20, 1929, that I last saw her alive on Aug 28, 1929, and that death occurred, on the date stated above, at 5-45-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Uterus and Rectum
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Mitral Regurgitation of the Heart
(duration) yrs. 0 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? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J. W. Schultz, M. D
8/21, 1929 (Address) 3026 - Wabash

*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. St Mary-Cem — DATE OF BURIAL: Aug-24 1929

20. UNDERTAKER: A. P. Doehler — ADDRESS: 1415 E 15

WRITE ONLY, 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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

235
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10