

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

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

Do not use this space.

34394

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1300 South Passes Place)

Registration District No. 30
Primary Registration District No. 1000

File No. _____
Registered No. 4198
Ward _____

2. FULL NAME Mrs. Magdalena Schutte

(s) Residence, No. 1300 South Passes Place 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of (OR) WIFE OF) Frederick H. Schutte

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931 to Oct 8, 1931.
I last saw h. e. alive on Oct 5, 1931. Death is said to have occurred on the date stated above, at 2:22 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1843

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 3

Paralysis
General Paralysis of Insane
Date of onset _____
Other contributory causes of importance: Not known

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) (STATE OR COUNTRY) Bohemia

13. NAME Joseph Schinatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary Rajjauka

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Miss Bertha Schutte (ADDRESS) 1300 South Passes Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Oct. 10, 1931

19. UNDERTAKER D. H. Newcomer's Sons (ADDRESS) 2111 East 9th St.

20. FILED 10-8-31 M. M. Crowe Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Marie Gorton M. D.
(Address) 702 Market Bldg

702 Shubert Bldg.

12:30 - 4