

DEC 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kao
City Jansad City Kansas

Registration District No. 399
Primary Registration District No. 1002
3809 Campbell

File No. _____
Registered No. 5130
St. _____ Ward) _____

2. FULL NAME

Mary Ann Drees
(a) Residence, No. 3809 Campbell Ave Kc Mo
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1851
7. AGE YEARS 83 MONTHS 9 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Karlsbad (Prussia)
Germany

13. NAME Mathew Jakob

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

15. MAIDEN NAME Mary Ann Maltster

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

17. INFORMANT Mary Drees
(ADDRESS) 3809 Campbell Kc Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John's DATE Nov 30 1934

19. UNDERTAKER Jos. A. Butler & Son
(ADDRESS) Kc

20. FILED 11 30, 1934; M. M. Crowe Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1934
22. I HEREBY CERTIFY, That I attended deceased from April 6 1934 to 11-27 1934
I last saw her alive on 11-27 1934. Death is said to have occurred on the date stated above, at 11:55 p.m.

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

hypertension. Chronic
cerebral damage
secondary pneumonia
Other contributory causes of importance: Coronary atherosclerosis
general atherosclerosis

Date of onset
3
6 mos
3 mos

Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic 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) Laura S. Dreyfus, M. D.
(Address) 1132 Professional Bldg

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.

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Richard [unclear]