DEC 18 1934

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

Do not use this space.

39353

File No.

Registered No. 38353

1. PLACE OF DEATH

County JACKSON — Registration District No. 399

Township KAW — Primary Registration District No. 1002

City KANSAS CITY (No. 3825 PROSPECT St., Ward)

2. FULL NAME MISS KATIE SIEBERT

(a) Residence, No. 3825 Prospect St., 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. 28 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	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-13-1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
67 ~~77~~	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) NEW YORK CITY (STATE OR COUNTRY) NEW YORK

FATHER

13. NAME JOHN SIEBERT

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

MOTHER

15. MAIDEN NAME ANNA HILLER

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

17. INFORMANT MRS. MAUDE CALLAHAN (ADDRESS) 3825 PROSPECT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo. DATE 11-6 1934

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED Nov 5 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1934, to Nov 4, 1934

I last saw her alive on Nov 2, 1934. Death is said to have occurred on the date stated above, at 1:00 P.m.

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

Chr. valvular Dis. of heart

Other contributory causes of importance:

Toxic adenoma of thyroid

Name of operation .... Date of ....

What test confirmed diagnosis? .... 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? no

If so, specify ....

(Signed) W. C. Tripple, M. D.

(Address) 710 Prof. 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.

710 Professional Bldg
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