

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

Do not use this space.

27238

1. PLACE OF DEATH

County.....**Jackson**.....
Township.....**Kaw**.....
City.....**Kansas City**..... (No. **2641**)

Registration District No. **308**
Primary Registration District No. **100**
Forest

File No.
Registered No. **3408**
St. **4** Ward

2. FULL NAME **Martha Hucke**

(a) Residence. No. **2641 Forest** St. **4** Ward.

Length of residence in city or town where death occurred **58** yrs. mos. **4** ds. How long in U.S., if of foreign birth? **63** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 17 1848**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	78	8	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)..... **Fancy Goods & Notions**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rotenburg Germany**

10. NAME OF FATHER **Meathis Hucke**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Rotenburg Germany**

12. MAIDEN NAME OF MOTHER **Catherin Schad**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Rotenburg Germany**

14. INFORMANT **Miss Anna Hucke**
(Address) **5618 Lydia**

15. FILED **9/12, 27 M. M. Brown**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 11 1927**

17. I HEREBY CERTIFY, That I attended deceased from July 10 - 10th 1927, to Sept 11 - 1927, that I last saw her alive on Sept 11th 1927, and that death occurred, on the date stated above, at 3.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~(Arteriosclerosis atheromatosa)~~
Pericardial haemorrhage
82 A
97 (duration) **45** yrs. **2** mos. **1** ds.
CONTRIBUTORY (SECONDARY) **Arteriosclerosis (atheromatosa)** (duration) **10** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, (CITY OR TOWN) (STATE OR COUNTRY) **at residence 5618 Lydia**
DID OPERATIVE PROCEDURE PRECEDE DEATH? **no** DATE OF **9/12**
WAS THERE AN AUTOPSY? **yes**
WHAT TEST CONFIRMED DIAGNOSIS? **Fringsen**
(Signed) **B. S. Subbach**, M. D.
9/12, 1927 (Address) **Weyler Bldg**

*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 **Ellenwood Cem.** **DATE OF BURIAL** **Sept 13 1927**

20. UNDERTAKER **J. W. Wagner** **ADDRESS** **I409 Grand Ave.**

N. E.—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.

DEPARTMENT RECORD

