

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

959

132

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 132
 Township Kaw Primary Registration District No. 1002 Registered No. _____
 City Kansas City (No. 3508) Broadway St. _____ Ward _____

2. FULL NAME

(a) Residence No. 3508 Broadway Ward _____ (if nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 | 0 | 16
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Insurance BPA
 (b) General nature of industry, business, or establishment in which employed (or employer) 97
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John C. Tschudi
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) U.S.
 12. MAIDEN NAME OF MOTHER Sarah Freeland
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baltimore (STATE OR COUNTRY) Maryland

14. INFORMANT Mrs. Henry S. Sable (Address) 608 Armour Blvd

15. FILED Jan 11 1921 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9, 1921
 I HEREBY CERTIFY That I attended deceased from Jan 8th 1921, to Jan 9th 1921, that I last saw him alive on Jan 9th 1921, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Arteriosclerosis (duration) _____ yrs. _____ mos. _____ da.
Probably long years. (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) H. P. Doughan M. D.
 Jan, 09 19 21 / (Address) 920 Fifth St

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. St. Mary's DATE OF BURIAL 1-11-1921

20. UNDERTAKER Stue & McChesney ADDRESS 112

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.

