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.

File No. 5036

Registered No. 835

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kansas — Primary Registration District No.: 1007

City: Kansas City (No. K. C. General Hosp. St. ..... Ward)

2. FULL NAME: Pohlmeyer George

(a) Residence. No. 530 Cherry St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 9 1873

7. AGE: Years 53 | Months 2 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Henry Pohlmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Louise Runewall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY): Missouri

14. INFORMANT: Record Clerk

(Address): K. C. General Hosp.

15. FILED 2/25, 19 27 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-24 1927

17. I HEREBY CERTIFY, That I attended deceased from 2-12, 1927, to 2-24, 1927, that I last saw h. alive on 2-24, 1927, and that death occurred, on the date stated above, at 7:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis 2 3/4

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings

(Signed) George C. Lee, M. D.

2-24, 1927 (Address) Asst Supt K. C. Gen. Hosp.

*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: Woodlawn Cemetery Sedalia — DATE OF BURIAL: 2/26 1927

20. UNDERTAKER: O. O. Mast — ADDRESS: 1915 East 25