WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space. 8491

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Scarsdale — Primary Registration District No.: 1002

City: Kansas City (No. 3409 E. 27th St.) — File No.: ..... Registered No.: ..... Ward: .....

2. FULL NAME Samuel A. Honberger

(a) Residence. No. 3409 E. 27th 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. 18 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: wh

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 10, 1839

7. AGE: Years 87 — Months 4 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Neffville (STATE OR COUNTRY): Tenn.

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): " (STATE OR COUNTRY): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): " (STATE OR COUNTRY): "

14. INFORMANT: Abraham C. Honberger (Address): 3409 East 27th St.

15. FILED 3/31, 1927 M. M. Brown Acst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 29 1927

17. I HEREBY CERTIFY, That I attended deceased from 3/1, 1926, to 3/29, 1927, that I last saw him alive on 3/28/27, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
7 d.
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 5 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? Clinical
3/30, 1927 (Signed) [illegible], M.D.
(Address) 513 Commerce 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: Elmwood — DATE OF BURIAL: 4-1 1927

20. UNDERTAKER: A. H. Newcomer & Son — ADDRESS: K.C., Mo.

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.

5.3 [illegible]
Vic 9171-
1-4.