

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

Do not use this space.

14966

1. PLACE OF DEATH

County Jackson
Towship Haw
City Kansas City

Registration District No. 399

File No. 6030

Primary Registration District No. 1007

Registered No. 6030

(No. Weyard Park Hospital)

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____
(Usual place of abode)

Sweet Springs Missouri
(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 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1927

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1927, to May 4, 1927, that I last saw him alive on May 4, 1927, and that death occurred, on the date stated above, at 5 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 - 1888

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 9 25

General peritonitis
11710 (duration) yrs. mos. da. 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Appendicitis
(duration) yrs. mos. da. 14

9. BIRTHPLACE (CITY OR TOWN) Sweet Springs Missouri
(STATE OR COUNTRY)

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

10. NAME OF FATHER Edward Hasemeyer

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 26 - 27

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Emmub Missouri
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Sara Frise

WHAT TEST CONFIRMED DIAGNOSIS? _____

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

(Signed) J. E. Sheldon, M. D.

14. INFORMANT Miss Ler Hasemeyer
(Address) Sweet Springs Missouri

May 4, 1927 (Address) 604 Commercial Bldg

15. May 4, 1927 M. M. Conroe
REGISTRAR

*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 Sweet Springs Missouri DATE OF BURIAL 5 - 5 1927

20. UNDERTAKER John J. Sheehan ADDRESS H. C. Shea

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.

