

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

Do not use (this space).

15013

1. PLACE OF BIRTH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas city (No. 4416 Passes)

File No. _____
 Registered No. 1880
 St. _____ Ward _____

2. FULL NAME

Guy Peter Kaercher
 (a) Residence. No. 4416 Passes 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. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-19-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 2 18 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cashier
 (b) General nature of industry, business, or establishment in which employed (or employer) Nat Live Co
Kansas city - Mo
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleview
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER peter J Kaercher

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

12. MAIDEN NAME OF MOTHER Mrs. Mary Interfante

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

14. INFORMANT Mrs Lutie Kaercher
 (Address) 4416 Passes

15. May 8, 1927 M. M. Brown
 FEED BY (Address) Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-7 1927

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1927, to May 7, 1927, and that I last saw him alive on May 7, 1927, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Bronchial
 (duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Acusual Clinical

(Signed) Blunt Suberman M. D.

(Address) 308 Bryant 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Belleview Ill DATE OF BURIAL May 9 1927

20. UNDERTAKER Swigersons Sons ADDRESS 11. C. Mo

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.

3516 Holmes Park 8751