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

Do not use this space.

21355

File No.

Registered No. 2699

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. ..... Trinity Lutheran Hosp. St. ..... Ward)

2. FULL NAME Jary Admer Wier

(a) Residence. No. 3920 Windsor St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	22	

8. OCCUPATION OF DECEASED

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

(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) Kansas

PARENTS

10. NAME OF FATHER Charles H. Wier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Minn.

12. MAIDEN NAME OF MOTHER ..dmer Henri

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Minn.

14. INFORMANT Chas. H. Weir

(Address) 3920 Windsor

15. FILED 7/6 1927 M. M. Crouse asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 6-27-27, 1927, to 7-4-27 1927 that I last saw h. Rev. alive on 7-3-27, 1927, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured appendix
v Resulting Sep sis
171A
36 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Possible fall down stairs at home (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-2-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Allen R. Pike, M. D

7/5 1927 (Address) Kc Mo

*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: M. J. Washington Cem. — DATE OF BURIAL: July 6 1927

20. UNDERTAKER: Taylor Funeral Home — ADDRESS: 3133 Euclid

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.