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

Do not use this space.

24417

File No. 3204

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2726 Forest St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME John C. Altman
(a) Residence. No. 2726 Forest St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
64	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Merchant
(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): Illinois

PARENTS

10. NAME OF FATHER: Unk Altman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT (Address): John C. Altman, Jr. 2726 Forest Ave

15. FILED 8/17, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 8-4-27, 19__, to 8-16, 1927 that I last saw h. — alive on 8-16, 1927, and that death occurred, on the date stated above, at 5:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
MAS Bill
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Unknown
(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? Examination
(Signed) George V Feisl, M. D
8-17, 1927 (Address) 844 Lathrop

*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: Mt St Marys
DATE OF BURIAL: 8-18 1927

20. UNDERTAKER: W H Newcomer's Sons N.C., Mo.
ADDRESS

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.

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