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

Do not use this space.

24426

1. PLACE OF DEATH U.S.Veterans' Hospital #67

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1007 — Registered No. 3213

City Kansas City, Mo. (No. Veterans Hospt St. Ward)

2. FULL NAME WIEST, Charles Lewis C-WOE

(a) Residence. No. 4041 Troost St., 15 Ward. Pvt. Air Service
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	33	11	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Street Car Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles Henry Wiest

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

12. MAIDEN NAME OF MOTHER Josephine Daily

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

14. INFORMANT Chas. H. Wiest, (Father)
(Address) 4041 Troost Ave., Kansas City, Mo.

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

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from August 4, 1927, to August 16, 1927 that I last saw him alive on August 16, 1927 and that death occurred, on the date stated above, at 9:45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis, Parenchymatous, chr.
V.H.D. Mitral Insuffiency.
131
924 (duration) Several months. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Phys. Exam.

(Signed) E.J. Rose, M.D
(Address) S.E.W. 8/17/27 U.S.V.Hospital #67 Kansas City, Mo.

E.J.ROSE, Medical Officer in Charge

*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 Forest Hill — DATE OF BURIAL 8-18 1927

20. UNDERTAKER D. W. Newcomis Sons — 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.