

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

Do not use this space.

30280

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 3795
 Township Kaw Primary Registration District No. 1002 Registered No. 3795
 City Kansas City (No. Kansas City General Hosp) St. Ward

2. FULL NAME

Kersten, Matthew
 (a) Residence No. 2314 Garbree 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. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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) 10-4 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE Don Kersten

17. I HEREBY CERTIFY, That I attended deceased from 9-29, 1927, to 10-4, 1927 that I last saw him alive on 10-4, 1927 and that death occurred, on the date stated above, at 8:15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3 1899

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 1 | 1 | |

Chronic Nephritis
131
87429a
 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) Atrophy of Brain
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN)

Holland
 (STATE OR COUNTRY)

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

10. NAME OF FATHER

Unknown

DID AN OPERATION PRECEDE DEATH? DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Holland
 (STATE OR COUNTRY)

WAS THERE AN AUTOPSY? Yes

12. MAIDEN NAME OF MOTHER

Unknown

WHAT TEST CONFIRMED DIAGNOSIS? Min. Findings at Autopsy
 (Signed) P. Collier, M. D.
10-5, 1927 (Address) Asst Supt Gen Hosp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Holland
 (STATE OR COUNTRY)

*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.

14. INFORMANT

Mrs James Mary
 (Address) 1431 Summit

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

15.

Filed 10/6, 1927 M. M. Croove
Asst REGISTRAR

St Mary County

Oct 7 1927

20. UNDERTAKER

ADDRESS

John A. Muser

1415 E 15

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.

PREVIOUS RECORD

