

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

Do not use this space.

1129

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 773
 Township Bow Primary Registration District No. 1007 Registered No. 1007
 City K.C. Mo. (No. 2937 Walnut St) St. Mo. Ward 10

2. FULL NAME

Christ W. Kuehrich
 (a) Residence. No. 2937 Walnut St. Mo. Ward. 10
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. 2 7 1 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Wuehrich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 3 28

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Saloon Keeper
 (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) Switzerland

10. NAME OF FATHER John Wuehrich

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

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Mrs. Ida Wuehrich
 (Address) 2937 Walnut St.

15. DATE OF DEATH Jan. 8, 1928 REGISTRAR W. Crowe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 - 1928

17. I HEREBY CERTIFY, That I attended deceased from December 1st, 1927, to Jan. 8th, 1928
 that I last saw him alive on Jan. 8th, 1928, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Esophagus
4 1/2 yrs. (duration) yrs. mos. ds. 3
 CONTRIBUTORY Chronic myocarditis
 (SECONDARY) (duration) 8 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? yes (partial)

WHAT TEST CONFIRMED DIAGNOSIS? Chemical & Laboratory
 (Signed) Samuel Vogelin M.D.
Jan. 10th, 1928 (Address) 604 Commerce Bldg.

*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 Elmwood DATE OF BURIAL Jan. 14, 1928

20. UNDERTAKER Mrs. C. L. Foster 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.

WRITE IN FULL WITH UNFADING INK—THIS IS A PERMANENT RECORD

