

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

Do not use this space.

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**1. PLACE OF DEATH.**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kenon Primary Registration District No. \_\_\_\_\_  
 City Kansas City, Mo. No. 5801 Probst St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Maritz, G. Wuerz

(a) Residence No. 5801 Probst St. 15 Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 1 ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Thena Wuerz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 YEARS 10 MONTHS 1 DAYS

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work news Paper Man  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER August Wuerz

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

12. MAIDEN NAME OF MOTHER (not known)

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

14. INFORMANT Mrs Thena Wuerz  
 (Address) 5801 Probst Ave

15. FILED 2-25-28 M. M. Crowe REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1928

17. I HEREBY CERTIFY that I attended deceased from Nov 25, 1928 to Feb 24, 1928 that I last saw alive on Feb 23, 1928, and that death occurred, on the date stated above, at 5:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
9th Dilatation Heart

CONTRIBUTORY (SECONDARY) Angina Pectoris  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED Home  
 IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical  
 (Signed) D. W. Bair M. D.

(Address) 7308 Washington St. Kansas

\*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 Cemetery DATE OF BURIAL Feb 27 1928

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

COPY WITH GRADING INK—THIS IS A PERMANENT RECORD

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.

20. 8. 11. 1917

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