AY 29 1928

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

Do not use this space.

8239

File No. .....

Registered No. 43

1. PLACE OF DEATH

County of Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs, Mo. No. ..... St. ..... Ward)

2. FULL NAME Andrew Phillip Kohake

(a) Residence. No. U.S.V. Hospital, Excelsior Springs, Mo. (Usual place of abode) — Omaha, Nebraska (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... 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) March 28, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	30	1	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Seneca, (STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Joseph Kohake

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

12. MAIDEN NAME OF MOTHER Catherine Kolpec

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

14. INFORMANT deceased (Address)

15. FILED 4/28, 19 28 J. D. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 19 27, to April 27, 19 28, that I last saw h. im. alive on April 27, 19 28, and that death occurred, on the date stated above, at 6:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis, chr. tubular

131

(duration) unknown mos. ..... ds.

CONTRIBUTORY (SECONDARY) Nephritis, chr. tubular

(duration) unknown mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown

Did an operation precede death? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical and laboratory findings.

(Signed) A. R. Warner, M. D

, 19 (Address) Ward Surgeon

*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 Seneca Kans — DATE OF BURIAL Don't Know

20. UNDERTAKER Herbert Hope, Excelsior Springs, Mo. — ADDRESS

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.