

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

Do not use this space.

9123

1202

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City (No. 201 East 75th)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Augusta Jaiber
(a) Residence. No. 201 East 75th St. 8 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. ds. 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>58</u>	<u>3</u>	<u>27</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ins Business
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Wm Jaiber

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 Allen G. Jaiber
(Address) 201 East 75th

15. FILED 3/23 28 M.M. Caser
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 22 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1928, to Mar 22, 1928, that I last saw him alive on Mar 22, 1928, and that death occurred, on the date stated above, at 6:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular insufficiency
90 - A
CONTRIBUTORY (SECONDARY) _____
(duration) 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? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Ferrell, M. D.
3/23, 1928 (Address) 500 - 28 - 74

*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 Washington Burial DATE OF BURIAL 2.6 1928
20. UNDERTAKER John W. Wagner ADDRESS 1709 Grand Ave

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.

EMPLOYMENT RECORD

H. W. S.

~~39th Street~~

Inquire for H. W. S.
through La. C. Ave. East to

Blue ridge Blvd. north on Blue
ridge to 31st west on 31st to Booth