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.

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

Do not use this space.

13212

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1248

City Kansas City — (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Schleininger Chester

(a) Residence. No. 2437 Olive St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 9 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	24	1	24	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nosedale
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Albert Schleininger

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

12. MAIDEN NAME OF MOTHER Wilkerson

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

14. INFORMANT Record Clerk
(Address) Kansas City Genl Hosp

15. FILED 4/4, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-3 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-1, 1928, to 4-3, 1928, that I last saw him alive on 4-3, 1928, and that death occurred, on the date stated above, at 9:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute myocarditis following Acute arthritis which followed Scarlet Fever
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 156A
(duration) yrs. 93 A 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

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Fmth + Autopsy

(Signed) P E Williams, M. D

4-4, 1928 (Address) Supt K.C. Genl Hosp

*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	DATE OF BURIAL
L. Irving Mo.	4/5 1928

20. UNDERTAKER	ADDRESS
[illegible]	L. Irving Mo