

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

Do not use this space.

13630

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City Mo (No. St Lukes Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1470
St. _____ Ward)

2. FULL NAME

Henry M. Deyer
(a) Residence No. 4033 Prospect Ave. St. _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. _____ mos. 10 days How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 - 1874

7. AGE YEARS 54 MONTHS 3 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Benton Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Christian Bergmann

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

12. MAIDEN NAME OF MOTHER Maria Grother

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

14. INFORMANT E. H. Deyer
(Address) 4033 Prospect Ave

15. May 21 1928 M. M. Cosroe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 - 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 15, 1928 to Apr 30, 1928 that I last saw her alive on Apr 30, 1928, and that death occurred, on the date stated above, at 7:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12. Hemorrhagic deathosis
12.2 Oozing from mucous membranes
and needle punctures
_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Jammed 2 years Paronychia
(SECONDARY) _____ (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 30 - 1928
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. L. Miller, M. D.
571, 1928 (Address) 800 Aults 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 Jonica Mo DATE OF BURIAL May 3 - 1928

20. UNDERTAKER John H. Wagner ADDRESS 1409 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.

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