WRITE PLAINLY, WITH UNFADING 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.

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

Do not use this space.

20783

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 20783

Township: Kaw — Primary Registration District No.: [illegible] — Registered No.: [illegible]

City: Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Paul Thieman

(a) Residence. No. 2636 Brooklyn St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR): X Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
About	60			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Newspaper Man

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

PARENTS

10. NAME OF FATHER: August Thieman

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

12. MAIDEN NAME OF MOTHER: Amelia Nork

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

14. INFORMANT: Arthur Williams (Address) Park Lane Hotel

15. FILED 6/18, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 16 1928

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 16, 1928 that I last saw him alive on June 16, 1928, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: chronic myocarditis

129a

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): chronic alcoholism and interstitial nephritis (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical

(Signed) Herbert O. Perez, D.O.

6/17, 1928 (Address) Kc Mo

*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
Mt. Washington	6 - 18 1928
20. UNDERTAKER	**ADDRESS**
Stine & McClure	924 Oak

27th + Prospect
Linwood 1988
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