WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

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.

23998

1. PLACE OF DEATH
County Jackson — Registration District No. 1 — File No. 23998
Township Kaw — Primary Registration District No. 002 — Registered No. 5125
City K. C. Mo. (No. 3015 E-14th St. Ward)

2. FULL NAME Joseph Andrew Walz
(a) Residence. No. 3015-E-14th St., 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: M.
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: Gladys Walz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 5 1894

7. AGE: 33 YEARS — MONTHS: 10 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): K. C.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Martin Walz
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Bertha Brunsberg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Montrose
(STATE OR COUNTRY): Mo.

14. INFORMANT: Gladys Walz
(Address): 3015 E-14th

15. FILED: 7/21, 1928 M. M. Crow Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-20-1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25th, 1928 to July 20th, 1928 that I last saw him alive on July 20th, 1928, and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY): Acute Miliary Tbc.
(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? Blutung X-Ray
7/20, 1928 (Signed) [illegible] M.D.
(Address) 32 [illegible]

*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: Winchester Ks — DATE OF BURIAL: 7-22 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K C Mo