

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

Do not use this space.

24119

**1. PLACE OF DEATH**

Com. Jackson Registration District No. 399  
 Townsh. Kear Primary Registration District No. 1002  
 City Kansas City, Mo. Research Hqs

File No. \_\_\_\_\_  
 Registered No. 3247  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

F. J. Saile  
 (a) Residence No. Overbrook Kans Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Mary Saile

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 2 7

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer 53E  
 (b) General nature of industry, business, or establishment in which employed (or employer) 1098  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Leper  
 (STATE OR COUNTRY) Kans.

10. NAME OF FATHER Wendel Saile

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

12. MAIDEN NAME OF MOTHER Catherin Simon

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

14. INFORMANT Mary Saile  
 (Address) Overbrook Kans

15. FILED 7/30 28 M. M. Crowe  
 REGISTRAR

**5 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 19 28

17. I HEREBY CERTIFY That I attended deceased from July 27, 1928, to July 30, 1928, that I last saw him alive on July 29, 1928, and that death occurred, on the date stated above, at 3 30/00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pituitary tumor (Carcinoma)  
with secondary brain  
abscess.  
 (duration) 15 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Brain tumor + Pneumonia  
PNEUMONIA  
 (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 49  
 (PLACE AT PLACE OF DEATH) Overbrook Kans

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3rd Sept + 7-25-28

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Joseph W. McKen, M. D.  
 (Address) W. C. 772

\*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 Overbrook Kans DATE OF BURIAL July 31 19 28

20. UNDERTAKER John W. Wagner ADDRESS 1408 Brandon

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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