

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

Do not use this space.

27313

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. St. Mary Hospital) Registered No. 3389
 (a) Residence No. 2505 Hardesty 14 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 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 Frances Weizengger
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 1896
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
31 | 11 | 7
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Steam Fitter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Julius Weizengger
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Magdalena Leibinger
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT J. P. Weizengger
 (Address) 2120 W 47th Terrace

15. FILED 8-11-28 19. 28 McClure REGISTRAR
act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8/10 1928
 17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Accidental fracture of skull
1865
1928 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) fell from building
185 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 185
 IF NOT AT PLACE OF DEATH _____
 1 DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Edw. Conroy, M. D.
 (Address) Deputy Coroner

*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 Calvary Cemetery DATE OF BURIAL Aug 14 1928

20. UNDERTAKER Ch. Thisen ADDRESS 2512 Holmes

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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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