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

Do not use this space.

399

27339

1. PLACE OF DEATH U.S.VET.HOSP. #67,

County Jackson Registration District No. 2 0 0 4 File No.

Township Kan Primary Registration District No. Registered No. 7

City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME ZARTMAN, Alfred C- None Civil War Veteran.

(a) Residence. No. 4050 Broadway, Kansas City, Mo. 7 Ward. 1st Sgt. 126th Ohio Inf.
(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	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Ohio.

PARENTS

10. NAME OF FATHER Unknown.

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

12. MAIDEN NAME OF MOTHER Unknown.

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

14. INFORMANT Hospital Records,
(Address) U.S.VET.HOSP., Kansas City, Mo.

15. FILED 8-13- 1928 M. M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 12, 1928.

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to August 12, 1928 that I last saw him alive on August 12, 1928, and that death occurred, on the date stated above, at 8:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach.
HLB
46F
HLB 4-4-61
(duration) Unknown. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Liver and Pancreas.
(duration) Unknown. yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy.

P.C.R. 8-13-28 (Signed) W. E. CHAMBERS, M.D.
(Address) Chief, U.S.V.HOSPITAL, Kansas City, 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~~ Forest Hill Cemetery DATE OF BURIAL 8-14 1928

20. UNDERTAKER Stine & McClure ADDRESS 924 Oak

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.

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