

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

Do not use this space.

30716

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Law Primary Registration District No. _____
 City Kansas City (No. Trinity Lutheran Hosp.) Registered No. 3467 Ward _____

2. FULL NAME

Mayer, Albert O.
 (a) Residence, No. 3915 Paseo St. 13 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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 2 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bureau
 (b) General nature of industry, business, or establishment in which employed (or employer) Animal Industry
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New York City
 (STATE AND COUNTRY) New York

10. NAME OF FATHER Charles A. Mayer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Maude Mayer
 (Address) 3915 Paseo

15. FILED 9/29 1928 mmcrowl
ant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept - 26 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 21 1928 to Sept 26 1928, that I last saw h. a. a. a. a. alive on Sept 12 6 1928, and that death occurred, on the date stated above, at 10:02 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the
Colon (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF about 9 months
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John H. Outland, M. D.
127, 1928 (Address) 1025 Kessler Bldg

*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 Int. Moriah DATE OF BURIAL Sept 29 1928

20. UNDERTAKER A. H. Newcomer's ADDRESS South 6th

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

N. B.—Every item of information should be carefully supplied. AGH 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.

