

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. 651 West 58th)

Registration District No. 399
 Primary Registration District No. 1002

File No. 148
 Registered No. 151
 St. Ward

2. FULL NAME William Kamp

(a) Residence. No. 651 West 58th St. 8 Ward. 8
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 0

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) Wittla on the Rhine
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Paul Kamp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wittla on the Rhine
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Odelia Longerich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wittla on the Rhine
 (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Charles Carroll
 (Address) 651 West 58th St.

15. FILED 1/7 1929 M. M. Croome
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 6 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-8-27 to 1-6-29
 that I last saw him alive on 1-6-29, and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
43A
82A
 (duration) yrs. mos. ds. 5
 CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
 (duration) yrs. mos. ds. 10

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 Physician Exam.
 (Signed) W. M. Croome, M. D.

1/7 1929 (Address) 1007 North 1st St.

*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

DATE OF BURIAL

Lincoln, Illinois 1-7 1929

20. UNDERTAKER St. M. Church ADDRESS 3235 William Plaza

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

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.

Dr. Harry Mather
1207 Rialto Bldg
MA-0782

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