

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

Do not use this space.

1523

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 113
Registered No. 113
St. 3 Ward 11

2. FULL NAME

(a) Residence. No. Rev Frederick Bruch St. Dr Elizabeth Messner
(Usual place of abode)
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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 23, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 2 16

8. OCCUPATION OF DECEASED

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

Religious
45
47

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

Germany
Unknown

10. NAME OF FATHER

Unknown

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

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

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

Unknown

14.

INFORMANT
(Address)

Rev Mons Kuenhoff
Kansas City, Mo

15.

FILED

1-10-29 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 9, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb-1927
to Jan, 19 29
that I last saw him alive on Jan 8, 19 29, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of right buccal surface involving the tongue and larynx.

(duration) 1 yrs. 10 mos. 20 ds.

CONTRIBUTORY (SECONDARY) Hemorrhage (periodic)

(duration) 1 yrs. 1 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Arthur W. Albinger, M. D.
110 19 29 (Address) 710 Realto 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

DATE OF BURIAL

Jefferson City Missouri

1-11 19 29

20. UNDERTAKER

ADDRESS

Wm J. Sheehan

A. G. No

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.

48
10
9
214
10
31
31

