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

Do not use this space.

1782

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3514 Paseo St. Ward)

File No. 5...
Registered No. 514

2. FULL NAME John Franklin Metzger
(a) Residence. No. 3514 Paseo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: M / 4. COLOR OR RACE: wh / 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary N. Metzger	17. I HEREBY CERTIFY, That I attended deceased from off and on 1927, to Jan 25 1929, that I last saw h... alive on Jan 14 1929, and that death occurred, on the date stated above, at 5:30 a. m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1869	93c THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis.
7. AGE: Years 59, Months 10, Days 28. If LESS than 1 day, ... hrs. or ... min.	11B / 57A
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Retired Farmer. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	several (duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY) (Arthritis + the Grippe last week (duration) yrs. mos. ds.
9. BIRTHPLACE (CITY OR TOWN) Plattsburg (STATE OR COUNTRY) Mo.	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
10. NAME OF FATHER Benj. F. Metzger	DID AN OPERATION PRECEDE DEATH? — DATE OF
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio	WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS? —
12. MAIDEN NAME OF MOTHER Eliza Maddox	(Signed) E. H. Zerbinger, M.D. 1/25, 1929 (Address) Frank Bennett, K.C. Mo.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown	*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.
14. INFORMANT Mrs. Mary N. Metzger (Address) 3514 Paseo	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plattsburg Mo. DATE OF BURIAL Jan. 28 1929
15. FILED 1-25, 1929 M. McCown Asst REGISTRAR	20. UNDERTAKER D. W. Newcomer's Sons ADDRESS K.C. Mo.

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.

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