

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

Do not use this space.

1821

1. PLACE OF DEATH

County Jackson
Township Barber
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 413
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3025 Barber St. 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Anna Pilsel

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

Mar-29-1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

42

9

27

8. OCCUPATION OF DECEASED

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

Labor

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

none

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Louis Pilsel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Mary Shriner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT
(Address)

Mrs Anna Pilsel
3025 Barber

15.

FILED

1-27-1929 M. M. Lippert
Regist.

2. MEDICAL CERTIFICATE OF DEATH

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

Jan-26-1929

17.

I HEREBY CERTIFY, That I attended deceased from

1-3-1929, to 1-25-1929

(that I last saw him/her alive on 1-26-1929, and that death occurred, on the date stated above, at 11-20-0 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial insufficiency
1000 (duration) yrs. mos. da.
107R
93D

CONTRIBUTORY (SECONDARY)

bronchopneumonia
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Porter E. Wheeler, M.D.

1-27-1929 (Address) Van Hook St. N.E.

*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

Mt. St. Mary Cem Jan 29 1929

20. UNDERTAKER

ADDRESS

A. P. Doehler 1415 E 15

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.

2 way flow -

1000