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

Do not use this space.

1844

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 451
Township Kans — Primary Registration District No. 1002 — Registered No. 451
City Kansas City (No. Kansas City Genl Hosp St. ..... Ward .....)

2. FULL NAME Cellke, John
(a) Residence. No. Workmans Hotel St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Record Clerk
(Address) Kansas City Genl Hosp

15. FILED 1-28 1929 M. McGraw Registrar

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-25 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-19 1929, to 1-25 1929, that I last saw h[illegible] alive on 1-25 1929, and that death occurred, on the date stated above, at 1:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, Chronic, with Uremia 131
132.4
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

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 DIAGNOSIS? Clin. findings
(Signed) P E Wiedmann, M. D
1-26 1929 (Address) Supt KC Genl Hosp

*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
Walnut Grove Parkville Mo	1-27 1929
20. UNDERTAKER	ADDRESS
Harry Noland	Parkville