

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

Do not use this space.

1853

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 446
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 6708 Bales St. _____ Ward _____
(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 Ma 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3rd 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 yrs. 4 24 = min.

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

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

10. NAME OF FATHER Peter Emmert

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

12. MAIDEN NAME OF MOTHER Barbara Schmidt

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

14. INFORMANT Jennie Emmert
(Address) 6708 Bales

15. FILED 1929 29 M. M. Cron
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1929

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide, Cut throat
at both wrists with knife

CONTRIBUTORY (SECONDARY) 17 (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? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) Harley _____, M. D.

126, 1929 (Address) 126

*State the DISEASE CAUSING DEATH, or if 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

Union Cemetery Jan 29 1929

20. UNDERTAKER ADDRESS

Arthur B. Loggins KC

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.

