

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

Do not use this space.

11035
10985

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 2929)

Registration District No. 132
Primary Registration District No. Marion

File No. 1546
Registered No. 1546
St. Willow (Ward)

2. FULL NAME

Pierce Janzen
(a) Residence No. 2929 Marion St. Willow (Usual place of abode)

Length of residence in city or town where death occurred — yrs. 2 mos. — ds. 3 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 Married (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 1 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington (STATE OR COUNTRY) District of Columbia

12. MAIDEN NAME OF MOTHER Malvina Ruth Janzen (Address) 214 Med. Arts Bldg

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

14. INFORMANT Arthur R. N. (Address) 2929 Marion St

15. FILE NO. 2929 15. M.M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 24, 1929 to Mar 23, 1929 (that I last saw h. or M. alive on Mar 23, 1929, and that death occurred, on the date stated above, at 10 a. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastroenteritis
1130 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) none (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? None
31 (Signed) H. Drayer, M. D.

*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 Maple Hill DATE OF BURIAL Mar 26 1929

20. UNDERTAKER Eylar Funeral Home ADDRESS 1800 Linwood

N. B.—Every item of information should be carefully supplied. AGS should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

31
2

