

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

Do not use this space.

27713

3442

**1. PLACE OF DEATH**

County Jefferson  
Township Raw  
City Kansas City

Registration District No. 399

File No. \_\_\_\_\_

Primary Registration District No. 002

Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 4018 Michigan St. 15<sup>th</sup> Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8 1950

7. AGE YEARS 27 MONTHS 10 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

10. NAME OF FATHER John Bathe

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs C E Bathe (Address) 4018 Michigan

15. FILED 8/9, 1929 M. M. Chave asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 8 1929 that I last saw him alive on Aug 8 1929 and that death occurred, on the date stated above, at 1030 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

13th home my wife  
93C pneumonia (duration) 2 yrs. 0 mos. 0 ds.  
chorea in heart  
CONTRIBUTORY (SECONDARY) nephritis general yes  
(duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 13th home

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) W. H. Chave M. D.  
8/9, 1929 (Address) 813 11th Ave.

\*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 Memorial Park Cem DATE OF BURIAL Aug 10 1929

20. UNDERTAKER H. C. Bergman ADDRESS 10 City 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.

