

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

Do not use this space.
27937
3630

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kans Primary Registration District No. 1002
 City Kansas City (No. St Mary Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward Tampa Kansas
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 11 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 10 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Section Foreman
 (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) Russia

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT

Miss Olga Schiesler

(Address) Tampa Kansas

15. FILED

8/25/29 19 29 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1929, to Aug 24 1929 that I last saw him alive on Aug 24 1929, and that death occurred, on the date stated above, at 5 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
A6B
 (duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

CHF
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? yes DATE Aug 24, 1929

WAS THERE AN AUTOPSY? yes

WHAT TESTS CONFIRMED THE CAUSE? Cholecyst and X-rays findings

(Signed) E. E. Whinnery

Aug 24 1929 (Address) Medical Arts Bldg

*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

Tampa Kansas Aug 27 1929

20. UNDERTAKER

ADDRESS

John J. O'Connell R. O. Ma

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.

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WRITE IN PENCIL WITH CAPSULE INK—THIS IS A PERMANENT RECORD

