

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

Do not use this space.

1321

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. St Marys Hospital

File No. 313
Registered No. 313
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 243 N. Valley St. _____ Ward. K 6 Kans
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Pearl Steifer
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14th 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 yrs 9 6

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

9. BIRTHPLACE (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER John W. Steifer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lubenburg
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna Pater
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brusaban
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Jessie Pearl Steifer
(Address) 243 N. Valley St.

15. FILED 1/22 1930 M. W. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1929 to Jan 20 1930
that I last saw him alive on Jan 20 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute leukaemia

CONTRIBUTORY (SECONDARY) 650
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Undetermined

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Blood smears & counts
(Signed) James R. M. Gray M. D.

1/22, 1930 (Address) 82 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 Highland Park Cem DATE OF BURIAL Jan 23 - 1930

20. UNDERTAKER Daniel Bros ADDRESS 1644 Kennedy

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.

15-0
2
10

REK

11/10/19

11/10/19