WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

8940

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. 1320
City Kansas City (No. 4210 Agnes St. ..... Ward)

2. FULL NAME Otto Eymann
(a) Residence. No. 4210 Agnes St., 16 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Celia Eymann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	7	27	

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) Wheeling Corrugating Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warsaw
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER Christian Eymann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Fredericka Kuhls
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs Celia Eymann
(Address) 4210 Agnes

15. FILED 3/25 1930 M. M. Crowe REGISTRAR Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-11-30, 19..., to 3-24-30, 19..., that I last saw him alive on 3-24-30, 19..., and that death occurred, on the date stated above, at 8:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
10B (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) High blood Pressure
(duration) Unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Leslie B Miller, M. D.
3/25 1930 (Address) 1201 Rialto Kc Mo

*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: Union
DATE OF BURIAL: Mch 26 1930

20. UNDERTAKER: D. H. Newcomer's Sons K C Mo
ADDRESS

1201 Rialto Bldg.
Vic. 9486
2-5.