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

Do not use this space.

12628

File No. 1555

Registered No.

1. PLACE OF DEATH U.S.V.Hosp.

County Jackson Registration District No.

Township Van Primary Registration District No.

City Kansas City (No. K.C.V. Hosp. St. Ward)

2. FULL NAME WIEGERT, Charles C-1 217 229 VB

(a) Residence. No. Leigh, Nebraska St., Ward. Corp. Hq. Bat 13' FA
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	36	10	25	

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

9. BIRTHPLACE (CITY OR TOWN) Leigh
(STATE OR COUNTRY) Nebraska

PARENTS

10. NAME OF FATHER Christian Wiegert

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

12. MAIDEN NAME OF MOTHER Magdeline Schrum

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

14. INFORMANT Mrs Margaret Wiegert (wife)
(Address) Leigh, Nebraska.

15. FILED 4/8 1930 M. M. Cooper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1930

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1930, to April 8, 1930 that I last saw him alive on April 8, 1930, and that death occurred, on the date stated above, at 12:15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Cholecystitis; (2) Appendicitis.
12 18
12 18
12 18 (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paralytic Ileus
(duration) yrs. mos 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-25-30 4-2-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) W.E. Chambers, M. D.
(Address) W.E. CHAMBERS, Medical Officer in Charge. U.S.V. Hospital, Kansas City, 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	DATE OF BURIAL
Leigh, Nebr.	4-9-1930
20. UNDERTAKER Mellody-McGeley	ADDRESS K.C. 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.