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.

12723

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City K. C. Mo (No. St Marys Hosp. St. Ward)
File No.
Registered No. 1650

2. FULL NAME John William Degenfelder
(a) Residence. No. 6709-E-17 St., 12 Ward.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15, 1916

7. AGE: YEARS 13 — MONTHS 11 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(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): Mo

PARENTS
10. NAME OF FATHER: Carl F. Degenfelder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Anna Andrews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT: C. F. Degenfelder
(Address) 6709-E-17th St

15. FILED 4/15, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-8, 1930, to 4-14, 1930, that I last saw him alive on 4-14, 1930, and that death occurred, on the date stated above, at 7:27 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
121 A
129
107 A (duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (SECONDARY) Ruptured, gangrenous appendix etc. Peritonitis (duration) ....yrs. ....mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Residence 1709 E 17 St KCMo
DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-8-30
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy finding
(Signed) [illegible], M. D.
4-16, 1930 (Address) Rosedale Ks

*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: Mt Washington Am — DATE OF BURIAL: April 17 1930

20. UNDERTAKER: Rose F Henderson — ADDRESS: Kan City Mo

[illegible]