

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

Do not use this space.

12956

1. PLACE OF DEATH

County Jackson Registration District No. 359
 Townships Third Primary Registration District No. 2
 City Kansas City (No. Trinity Hospital)

File No. 10-0
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Otto Kallman St. _____ 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>				
7. AGE <u>about 67</u>	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Med. 19th 1930, to Apr 30 1930 that I last saw him alive on Mar 27 1930, and that death occurred, on the date stated above, at 3/30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Gall Bladder
H&E

Indefinite (duration) yrs. mos. ds.
 CONTRIBUTORY Metastasis (SECONDARY)
about 1 mo. (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 44
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN AUTOPSY Yes.

WHAT TEST CONFIRMED DIAGNOSIS Clinical & autopsy
 (Signed) M. J. Smith M. D.
71 1930 (Address) 929 Realto 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 <u>Garst Hill</u>	DATE OF BURIAL <u>5/3/ 1930</u>
20. UNDERTAKER <u>Wiseman Mortuary</u>	ADDRESS <u>109 W. 42nd St.</u>

9. BIRTHPLACE (CITY OR TOWN) Sweden
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER <u>Don't Know</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Sweden</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Don't Know</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Sweden</u> (STATE OR COUNTRY)

14. INFORMANT Trinity Hosp
 (Address) Fricole Clerk

15. FILED Tr 19 30 M. M. Crowe
 REGISTRAR W. J.

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.

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

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