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.
16387
2295

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME George Walter Ultch
(a) Residence. No. #3 Janssen Place St., 6 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	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 Ada E. Ultch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	5	25	

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

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

PARENTS
10. NAME OF FATHER Peter Ultch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Ada E. Ultch
(Address) #3 Janssen Place

15. FILED 5/31 1930 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1930, to May 29, 1930 that I last saw him alive on May 29, 1930, and that death occurred, on the date stated above, at 9:50 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation heart
137
95B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Enucleation of Prostate
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City Mo
IF NOT AT PLACE OF DEATH Kansas City Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF May 29, 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Condition
(Signed) J. F. Mackey, M. D.
5-31, 1930 (Address) Rastrop 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~~ Forest Hill Cemetery — DATE OF BURIAL 5-31-1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

726 La Chrap Bldg