

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

Do not use this space.

19440

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Kansas City Gen Hosp St. _____ Ward)

File No. _____
 Registered No. 2434

2. FULL NAME

George Wiselbach
 (a) Residence No. 6554 E. 10th St. 172 Ward.
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
37 | 7 | 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist
 (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) Germany

PARENTS

10. NAME OF FATHER Linus Wiselbach

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

12. MAIDEN NAME OF MOTHER Anna Wiele

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

14.

INFORMANT Reverend Clerk
 (Address) Kansas City Gen. Hosp

15.

FILED 9/10 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-9 1930
 17. I HEREBY CERTIFY, That I attended deceased from 5-29, 1930 to 6-9, 1930 that I last saw him alive on 6-9, 1930 and that death occurred, on the date stated above, at 8:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pancreas
unchanged
46 F
47 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Chm. & incl. + Autopsy
 (Signed) P. E. Williams, M. D.

6-9, 1930 (Address Sub 7 C. Gen. Hosp)

*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

Wood 9/11 1930

20. UNDERTAKER ADDRESS

W. M. ... 15 East 15

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.

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