

AUG 20 1930

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

Do not use this space.

22014

1. PLACE OF DEATH

County.....Buchanan.....
Township.....
City.....St. Joseph, (No.)

Registration District No. 85
Primary Registration District No. 1001
St. Joseph's Hospital

File No.
Registered No. 844
St. Ward)

2. FULL NAME

William Henry Kirschbaum

(a) Residence. No. St. Ward. Wathena, Ks.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 52 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 Daisy Kirschbaum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 25, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Suot. Wathena Water Works.
(b) General nature of industry, business, or establishment in which employed (or employer) Wathena, Ks.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Berlin, Germany
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Berlin, Ger.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Berlin, Ger.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Daisy Kirschbaum
(Address) Wathena, Ks.

15. FILED 23 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 21, 1930 19

17. I HEREBY CERTIFY, That I viewed ^{viewed} ~~viewed~~ deceased from July 21, 1930, to July 21, 1930, that I last saw him alive on July 21, 1930, and that death occurred, on the date stated above, at 1.10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Skull result of Auto Accident at Wathena Kansas

210M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray
(Signed) B. W. Tadlock Coroner, M. D.

July 21, 1930 (Address) 821 Francis

*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 Belmont Cemetery DATE OF BURIAL July 23, 1930

20. UNDERTAKER Walter Meierhoffer 1302 Faraon St.

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**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 83 File No.
 Township Primary Registration District No. 1001 Registered No. 844
 City St. Joe (No.) St. Ward)

2. FULL NAME

William Henry Kischbaum
 (a) Residence. No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

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

17. I HEREBY CERTIFY That I attended deceased from 19, 19, and that that I last saw h..... alive on 19, and that death occurred, on the date stated above, at

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

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

Fractured skull result of auto accident, deceased not walking and started throats (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS?

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

(Signed) W. T. Adack-covner, M.D.

9/8, 1930 (Address)

*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 9/9, 1930 J. G. St. REGISTRAR

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1880

Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIRST NAME of parent 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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