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.

30012

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 100

City Kansas City — (No. Vineyard Park Hospital St. ... Ward)

File No. ... Registered No. 3818

2. FULL NAME Theodore Fernkas

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

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	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	78			

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

9. BIRTHPLACE (CITY OR TOWN) ...
(STATE OR COUNTRY) not known

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Not known

14. INFORMANT Walter Fagg
(Address) 1140 E 77th St. Terrace

15. FILED 9/17 1930 M. M. Browne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929, to Sept 16, 1930 that I last saw him alive on Sept 16, 1930, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Thrombosis
8285
97 (duration) ... yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 2 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? ...
IF NOT AT PLACE OF DEATH ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) J. E. Sheldon, M. D.
9-17. 1930 (Address) 604 Commerce 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~~ Kansas City, Kans. Highland Park Cemetery — DATE OF BURIAL 9-17- 1930

20. UNDERTAKER Stutz + McClure — ADDRESS K.C. Mo