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.

30184

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo (No. St. Joseph Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 3992
Registered No.

2. FULL NAME Henry J. Markwardt
(a) Residence. No. 5 West 44th Street St., 7 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 ~~xxxxxxxx~~ Mrs. Edna Mae Markwardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	39	3	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sales Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Western Blue Print Co.
(c) Name of employer

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

PARENTS
10. NAME OF FATHER John Henry Markwardt
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Katherine ? unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Edna Mae Markwardt
(Address) 5 West 44th St

15. FILED 10/1, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1930 to Sept 30, 1930 that I last saw him alive on Sept 30, 1930, and that death occurred, on the date stated above, at 10:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic exhaustion
following operation
121 P
36 (duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY) Acute gangrenous appendicitis
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 13 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Jack Mal (NEAL), M. D.
10/1, 1930 (Address) 734 Argyle 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 Mt. Moriah Cemetery
DATE OF BURIAL 10/3/30

20. UNDERTAKER Freeman Mortuary, 104 W 42nd St.
ADDRESS