

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

Do not use this space.

32853

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

399

Registration District No. 1002
Primary Registration District No. 2 Janssen Place

File No. _____
Registered No. 4080
St. _____ Ward _____

2. FULL NAME

John Henry Tschudy

(a) Residence. No. 2 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 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 Anna E. Tschudy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 5, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	79	2	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work President of J. H. Lumber Co.
(b) General nature of industry, business, or establishment in which employed (or employer) Tschudy Hardwood
(c) Name of employer Lumber Co.

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

10. NAME OF FATHER J. Jacob Tschudy

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

12. MAIDEN NAME OF MOTHER Barbara Hottenger

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

14. INFORMANT C. P. Gaudie
(Address) 8 E 55th St Terrace

15. FILED 10/7/30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to Oct 5, 1930 that I last saw him alive on Oct 4, 1930, and that death occurred, on the date stated above, at 3:30A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxemia -
suppurative great toe
suppurative 2nd toe
6 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetic Mellitus (duration) 20 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS usual lab tests
(Signed) Dr. Albert L. Lohman, M. D.

Oct 6, 1930 (Address) 1002 PROFESSIONAL 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 Pantheon DATE OF BURIAL 10-7-1930
Body to be placed in

20. UNDERTAKER Stue + McClure ADDRESS 3235 Hillham Plaza

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.

RECORDING THIS IS A PERMANENT RECORD

Professional Bldg

Phone HA-2212