

Copy

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

Do not use this space.

33013

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Rau Primary Registration District No. 1002  
City K.C. Mo. (No. K.C. General Hospital)

File No. \_\_\_\_\_  
Registered No. 4243  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME David E. Erbschloe

(a) Residence. No. 482 E. Linn St. 4 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 M 4. COLOR OR RACE Wh. 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) July 22 - 1896

7. AGE YEARS MONTHS D<sup>AYS</sup> If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
34 2 27

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer  
(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) Mo.

10. NAME OF FATHER Wm. Erbschloe

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

12. MAIDEN NAME OF MOTHER Susie Garrison

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

14. INFORMANT Record Clerk  
(Address) K.C. General Hosp.

15. FILED 10/20 19 30 M.M. Crowe  
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 10-14, 1930, to 10-19, 1930, that I last saw him alive on 10-19, 1930, and that death occurred, on the date stated above, at 11:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

10 Poliomyelitis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 22  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

8 DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) G.E. Williams M. D.

10/20 1930 (Address) Supt. K.C. Genl 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 Highland Park Cem. DATE OF BURIAL 10/21 1930

20. UNDERTAKER John J. Sheehan ADDRESS K.C. Mo.

PARENTS

