

22 244

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

Do not use this space.

33079^a

1. PLACE OF DEATH

County Jackson
Township Kaw.
City Kansas City

Registration District No. 31
Primary Registration District No. 1
(No. St. Marys Hospital)

File No. 4810
Registered No. 4810
St. Ward

2. FULL NAME Chriss E. Nielsen.

(a) Residence No. 2812 Holly St. 3 Ward
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 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) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 9 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chriss Nielsen.

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

12. MAIDEN NAME OF MOTHER Amelia Ulrich.

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

14. INFORMANT Mrs. Amelia Nielsen (Address) 2812 Holly St.

15. FILED 10/24 1930 M. M. Brown REGISTRAR Asst

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1930, to Oct 23, 1930, that I last saw him alive on Oct 23, 1930, and that death occurred, on the date stated above, at 12:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis, purulent (not epidemic)

Metapharyngeal tumor eroding into cranial cavity, leading above meningitis
(duration) 5 to 6 yrs. mos. ds.
(duration) 8 yrs. mos. ds.
Microscopic exam required to state type of tumor.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct. 18, 1930

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & operation

(Signed) Frank R. Leachman, M. D.

Oct. 24, 1930 (Address) 1007 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 Elmwood Cemetery DATE OF BURIAL 10/25/1930

20. UNDERTAKER Gates Funeral Home. ADDRESS K.C.Ks.

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.

