

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

Do not use this space.

36048
 4432

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

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. 21.10 W 2
 City Kansas City (No. 3755, Wayne) St. _____ Ward _____

2. FULL NAME George Herold
 (a) Residence. No. 3755 Wayne St. 13 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1, 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1930, to Sept 31, 1930
 that I last saw him alive on Sept 31, 1930, and that death occurred, on the date stated above, at 12:05 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14, 1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 17

Chronic myocarditis
7.30
127B

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

(duration) 2 yrs. mos. ds.
 CONTRIBUTORY cholecystitis
 (SECONDARY) (duration) 6 weeks yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED? (If NOT AT PLACE OF DEATH) _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER Henry Herold

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

12. MAIDEN NAME OF MOTHER Louisa Coleman

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

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) J. W. S. Newburger M. D.
Nov. 1, 1930 (Address) 824 Grand Blvd

*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.

14. INFORMANT Mrs. Anna Herold
 (Address) 3755 Wayne

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 11-3-30 19

15. FILED 11-1, 1930 M. M. Crowe REGISTRAR

20. UNDERTAKER R. V. Lindsey & Sons, Inc ADDRESS Kans city, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

