

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

Do not use this space.

523

36107

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1
City Of Kansas City (No. 3705 D. Benton)

File No. _____
Registered No. 4512
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3705 D. Benton 16rd. (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 Fe 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8th 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 6 27

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

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

10. NAME OF FATHER August Walter

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

12. MAIDEN NAME OF MOTHER Wm J Rohoff

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

14. INFORMANT Henry S. Ochs
(Address) 3705 D. Benton

15. FILED 11/9 1930 m. m. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 1 - 1927, to Nov 5, 1930
that I last saw h. in alive on Nov 2, 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute nephritis
130
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY metil & acid symptoms
(SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS? Regular
(Signed) George W. Brown, M. D.

11-7-1930 (Address) 652 Bond St. Ind. City
*State the DISEASE CAUSING DEATH, or in death 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. Calvary Cemetery DATE OF BURIAL 11/8 1930

20. UNDERTAKER F. Ormell Co. ADDRESS 3256 Broadway

PARENTS

