

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

Do not use this space.

39383

1. PLACE OF DEATH

County Jackson

Registration District No. 333

Township Kaw

Primary Registration District No. 333

City Kansas City (No. Research Hospital)

File No. _____

Registered No. 4952

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If non-resident, 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

F

4. COLOR OR RACE

W

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)

Nov 21, 1930

7. AGE

YEARS X

MONTHS X

DAYS 17

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

K.C. Research Hosp.

(STATE OR COUNTRY)

10. NAME OF FATHER

Maxim Giegenbaum

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Anna Drevell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Edwin Giegenbaum
Heggensohl, Mo.

15.

FILED

179 30

M. M. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 8 1930

17.

I HEREBY CERTIFY, That I attended deceased from

Nov 21, 1930 to Dec 8, 1930

that I last saw him alive on Nov 7, 1930, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
159
152 1/2

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

obscure on neck

(duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

2. DID AN OPERATION PRECEDE DEATH? no DATE OF Dec 6 - 1930

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. Robert T. Cameron, M. D.

12-9-1930 (Address) 713 West 10th St., K.C., Mo.

*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

Maywood Cemetery

DATE OF BURIAL

17/12 1930

20. UNDERTAKER

L. O. Husman

ADDRESS

Address

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

