

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

Do not use this space.

1603

1. PLACE OF DEATH
 County Jackson Registration District No. 109
 Township Kaw Primary Registration District No. 1003
 City Kansas City, Mo (No. 3110 Olive Street) St. _____ (Ward)

File No. _____
 Registered No. 435
 St. _____ (Ward)

2. FULL NAME Abraham H. Dissinger
 (a) Residence. No. 3110 Olive Street 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 3 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 15, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 13

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

9. BIRTHPLACE (CITY OR TOWN) Schabentown, Pa
 (STATE OR COUNTRY)

10. NAME OF FATHER Moses Dissinger

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

12. MAIDEN NAME OF MOTHER Susan Clark

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

14. INFORMANT Edward M. Dissinger
 (Address) 3110 Olive Street

15. FILED 1-29-36 1936 M. M. Casowe REGISTRAR
Aror

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931, to Jan 28 1931, that I last saw him alive on Jan 28 1931, and that death occurred, on the date stated above, at 6:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

menie poisoning
51C
132B
 (duration) _____ yrs. _____ mos. 7 ds.
 CONTRIBUTORY (SECONDARY) carcinoma of the prostate (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT A PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS menie

(Signed) Cur Johnson M. D.
1/29 1931 (Address) 728 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 Lawrence, Kansas DATE OF BURIAL 1/28/31

20. UNDERTAKER Funk Funeral Home, Lawrence, Kansas ADDRESS _____

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.

Dr. O. W. Johnson

728 Argyle St.

2 P m.

12 x m^e gce.