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.

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

Do not use this space.

5420

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. 5113
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City (No. 1103 Askew St. Ward)

2. FULL NAME Phillip Joseph Wendel
(a) Residence. No. 1103 Askew St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: male
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~~ Mrs Anna Marie Wendel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 - 1880

7. AGE: Years 50 — Months 8 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Formally 172
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods
(c) Name of employer: Salesman

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover Kas. 2

PARENTS
10. NAME OF FATHER: W. Wendel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): 10 Germany
12. MAIDEN NAME OF MOTHER: Katherine Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: W. R. Nordberg
(Address) 3115 Thompson

15. FILED 2/2, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 1 1931 Sunday

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1930, to Feb. 1st, 1931, that I last saw him alive on Feb. 1st, 1931, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 24 B Cirrhosis of the liver.
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Do not know.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) H. R. Prentiss, M. D.
2/2, 1931 (Address) 1215 Realty 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: Mt Moriah — DATE OF BURIAL: 2-3 1931

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood