

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

Do not use this space.

5479

**1. PLACE OF DEATH**

County Lackson Registration District No. 2  
Township Starr Primary Registration District No. 2  
City Kansas City, Mo (No. St. Joseph Hospital)

File No. 566  
Registered No. 566  
St. 2 Ward 2

**2. FULL NAME**

(a) Residence. No. 703 East 12 St. 2 Ward 2  
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilda Mecklen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-24-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>52</u>	<u>3</u>	<u>unk</u>	<u>unk</u>	<u>unk</u>

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Structural Steel Worker  
(b) General nature of industry, business, or establishment in which employed (or employer) K.C. Structural Co  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Great Barr  
(STATE OR COUNTRY) Kan

10. NAME OF FATHER G. G. Mecklen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Earl Boyle  
(Address) Horsington Kan

15. FILED 2/6 31 1931 Th. M. Crow  
REGISTRAR user

**MEDICAL CERTIFICATE OF DEATH** Thursday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1931, that I last saw him alive on 1/10, 1931, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Accidental Fall from  
186 ft  
194 ft  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Free from a building while working  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 15

IF NOT AT PLACE OF DEATH 186 ft  
DID AN OPERATION PRECEDE DEATH? no DATE OF 7

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
(Signed) Harvey M. Hale M. D.

2/6, 1931 (Address) Deputy Coroner

\*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 Horsington Kan DATE OF BURIAL Feb 6 1931

20. UNDERTAKER A. P. Lochler ADDRESS 1415 E 15

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.

