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

MARGIN RESERVED FOR BINDING

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.

14262

1. PLACE OF DEATH

County Jackson — Registration District No. 3[illegible] — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME William D. Michler

(a) Residence, No. 1711 East 35 St. 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 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 Mary Michler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1865

7. AGE: 65 YEARS — MONTHS: 4 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 27
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherrill Mount, Iowa

FATHER

13. NAME Jacob Michler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Mary Lucsinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Michler (ADDRESS) 1711 East 35 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary Cemetery DATE April 31

19. UNDERTAKER J. W. Wagner Funeral Home (ADDRESS) 204 West Linwood

20. FILED 4/16, 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 15, 1931

I last saw him alive on April 14, 1931. Death is said to have occurred on the date stated above, at 7.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	4-3-31
Hepatic abscess	4-9-31
108	
125B	

Other contributory causes of importance: 108

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) L. G. Potter, M. D.

(Address) 724 Prof. Bldg.

Dr. L.G. Potter

~~2415 E. 46 St.~~

Professional Bldg

12 to 3:00