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

Do not use this space.
21643

File No. 2778
Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Evangelical Hospital St. Ward)
Registration District No. 392
Primary Registration District No. 1002

2. FULL NAME George Suchart
(a) Residence, No. 3205 Lockridge St., 11 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 Mrs. Matilda Suchart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1872

7. AGE: Years 58 Months 10 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 251
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) Texas

FATHER
13. NAME Frederick G Suchart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Matilda H. Suchart 3205 Lockridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah DATE 6-26 1931

19. UNDERTAKER (ADDRESS) E. E. Freeman 1st and Ist

20. FILED 6/26 1931 M. Dell Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25/31 19

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to June 25, 1931. I last saw h.... alive on 6-24, 1931. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
137	
131	
932 Gallstones	

Other contributory causes of importance:
Prostatic obstruction
Septic degeneration of Right Kidney

Name of operation Prostatectomy Date of 6-23-31
What test confirmed diagnosis? Operation Was there an autopsy? Yes

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?
If so, specify
(Signed) Edw M Miera, M. D.
(Address) 901 Chambers Bldg
K C Mo

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.

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