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

Do not use this space.

37887

File No. [illegible]

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1007

City: Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME: Clyde Wiehe

(a) Residence, No. 2325 Fairmount St., 3 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: Lonie Wiehe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 5 - 1894

7. AGE: Years 37 | Months 1 | Days 20 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stockman Feeding Co.

10. Date deceased last worked at this occupation (month and year): 11/16/31

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: Gus Wiehe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER

15. MAIDEN NAME: Mary Mysick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Nurse Clerk K.C. Gen Hosp K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: 11/27 1931

19. UNDERTAKER (ADDRESS): Jos. A. Butley & Son Kansas City Kansas

20. FILED: 11/28 1931 M. M. Crouse Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-25 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-24 1931 to 11-25 1931

I last saw h. alive on 11-25 1931 Death is said to have occurred on the date stated above, at 2:00 P.M.

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

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| 10 days / 10 days | |

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? Clinically. 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?

If so, specify

(Signed) P. E. Williams M. D.

11-25-31 (Address) Gen Hospt 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