

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

Do not use this space.

37913

1. PLACE OF DEATH

County Jackson Registration District No. 282
 Township Kaw Primary Registration District No. 302
 City Kansas City, Mo. (No. 3916) Bellefontaine ave St. 1 Ward)

2. FULL NAME

(a) Residence, No. 3916 Bellefontaine ave Ward. 16
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1855

7. AGE YEARS 76 MONTHS 9 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. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 yrs
 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) Germany

MOTHER FATHER 13. NAME Jacob Roth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Seubert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Lillian R Roth (ADDRESS) 3916 Bellefontaine St K C

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE December 2, 1931

19. UNDERTAKER Dr. Newcomers Sons (ADDRESS) 211 1/2 97th Street K C Mo

20. FILED 11/30/31 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-1931

22. I HEREBY CERTIFY That I attended deceased from Nov 15 1930 to Nov 29 1931

I last saw him alive on Nov 29 1931 Death is said to have occurred on the date stated above, at 8:20 A.M.

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

Chronic Myocarditis Date of onset 930
 Other contributory causes of importance None

23. Name of operation None Date of None

What test confirmed diagnosis? all 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) Paul Wells M.D. (Address) 300 Ogden Bldg K C Mo

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.

Dr Roy L Mills

330 Argyle Bldg.

1:30-5