

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.

1359

1. PLACE OF DEATH

County Jackson Registration District No. 3
Township Kaw Primary Registration District No. 3002
City Kansas City (No. 701 East 9th St.) St. 2 Ward 401

File No. 401
Registered No. 401
St. 2 Ward 401

2. FULL NAME Leonard Schaefer

(a) Residence, No. 701 East 9th St. St. 2 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1885</u>		
7. AGE YEARS <u>76</u>	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired Electrician</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Engineer</u>
	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) <u>Germany</u> <u>10</u>		
FATHER	13. NAME	<u>Schaefer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
MOTHER	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>
17. INFORMANT <u>J. E. Schaefer</u> (ADDRESS) <u>6626 Lincol. Road</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill bur.</u> DATE <u>Feb 2</u> 19 <u>32</u>		
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. Linwood</u>		
20. FILED <u>21</u> , 19 <u>32</u> M. M. <u>Corone</u> Registrar.		

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th 1932, to Jan 30th 1932. I last saw him alive on Jan 26th 1932. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis and Endocarditis, Chronic
92
118
97
Other contributory causes of importance: Attack of influenza about Jan 1st/32

3. Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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..... 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) ER Busby, M. D.
(Address) 900 Locust St.

Dr. [unclear]

[unclear]

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