

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1. PLACE OF DEATH 85
 County Buchanan Registration District No.
 Township Primary Registration District No. 1001
 City St. Joseph (No. 1) State Hospital for Insane #2 St. Ward
2. FULL NAME Anton Kersch
 (a) Residence No. A 340 Grant Ave KC Mo. St. Ward 4340 Grant Ave KC Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. 3767
 Registered No. 117

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>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 1877</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>about 60</u>	<u>None</u>	<u>None</u>	<u>None</u>
If LESS than 1 day, hrs. or min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Unknown</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>			
PARENTS	10. NAME OF FATHER <u>Unknown</u>		
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
14. INFORMANT <u>State Hospital for Insane #2</u> (Address) <u>St. Joseph Mo</u>			
15. FILED <u>FEB 15 1932</u> <u>John K. Bender</u> REGISTRAR			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5th 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1932 to Feb 5th 1932 that I last saw him alive on Feb 4th 1932 and that death occurred, on the date stated above, at 5:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 R (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) JJW (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH..... (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) J. H. Burch M. D.
2/5/1932 (Address) State Hosp #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City Mo **DATE OF BURIAL** Feb 16 1932

20. UNDERTAKER Heaton, Betzler & Bowman **ADDRESS** 319 So. 10th
Funeral Home

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.

MAR 21 1932

REPRODUCED BY PERMISSION OF THE BUREAU OF VITAL STATISTICS

