

Let hour of death.

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

Do not use this space.

4649

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City (No. 3405 E 25)

Registration District No. 1002
Primary Registration District No. 25

File No. 504
Registered No. 504
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3405 East 25th St. 14 Ward.

Length of residence in city or town where death occurred, 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1870

7. AGE YEARS 61 MONTHS 8 DAYS 12
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Rearing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Independence Missouri

13. NAME Phillip Mettersheimer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Susan Ruby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1

17. INFORMANT (ADDRESS) S. J. Kestudnik 3405 E. 25th St. E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Feb. 7 1932

19. UNDERTAKER (ADDRESS) W. Mitchell Independence Missouri

20. FILED 278 19 3 M. M. Cronin Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th 1932 to Feb 5 1932

I last saw him alive on Feb 5 1932 Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Bronchopneumonia 92A Date of onset Jan 30
11/15

Other contributory causes of importance: Chronic Mitral Insufficiency
Gastritis

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) W. M. Bams _____ M. D.
(Address) 3400 E. Pine

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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Dr. Goldman 14