

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

Do not use this space.

4673

1. PLACE OF DEATH

County..... Jackson Registration District No. 353
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4127 , Locust St. Ward)

File No. 520
 Registered No. 520

2. FULL NAME LANDECK, Herman F.

(a) Residence, No. 4127 Locust St., 6 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Married Bess Lee Landeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor 154

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) Milwaukee, Wis 2

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Bess Landeck (ADDRESS) 4127 Locust

18. BURIAL (CREMATION) OR REMOVAL PLACE Elmwood DATE 2/9 1935

19. UNDERTAKER R. V. LINDSEY & SONS, Inc. (ADDRESS) 3811 Broadway

20. FILED 1/9 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1932

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

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Cortisone Date of onset
99 7 1/2

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Herman F. Landeck M. D.

(Address) 4127 Locust

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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

