

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

Do not use this space.

4972

835

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
No. St. Joseph Hospital

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

2. FULL NAME J. Karges - Julius J.

(a) Residence, No. 3616 Gladstone St. _____ Ward _____
(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. _____

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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline M. Karges</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 27, 1857</u>				
7. AGE YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dry Goods Merchant</u>			
	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) <u>Jefferson City, Mo. /</u>				
FATHER	13. NAME <u>Henry Karges</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Billman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>A. Karges</u> (ADDRESS) <u>3616 Gladstone</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Washington</u> DATE <u>Feb 29, 1932</u>				
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. L. R. COC</u>				
20. FILED <u>7/29</u> 19 <u>32</u> <u>M. M. Corowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

2. **DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932 to Feb 27, 1932
I last saw him, alive on Feb 27, 1932. Death is said to have occurred on the date stated above, at 1:05 P.M.
The principal cause of death and related causes of importance were as follows:
Acute yellow atrophy of the liver.
125 W 1206 958
Other contributory causes of importance: Cardiac decompression
7/13/32

Name of operation None 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? No
If so, specify _____
(Signed) Herbert H. Brown, M. D.
(Address) 676. Ketchum St. L. 0984

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.

2. 2. 1901

9. 16.

2. 1901

W. H. Taylor

5325 Ave. No. 5489