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.

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

Do not use this space.

8359

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 933

Township Kaw — Primary Registration District No. 1002 — Registered No. 933

City Kansas City (No. 3000, Flora St. Ward)

2. FULL NAME Henry Hueser

(a) Residence, No. 3000 Flora ave, St., 4 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 Mary Hueser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1878

7. AGE — YEARS 53 — MONTHS 8 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N B Co 176

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) Tenn 2

FATHER

13. NAME Henry Hueser

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Record 31

17. INFORMANT (ADDRESS) Mary Hueser 3000 Flora

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose Mo. DATE Mar-7, 1932

19. UNDERTAKER (ADDRESS) Mr. C L Forster 914 Brooklyn

20. FILED 3/6, 1932 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Mar 6, 1932

I last saw him alive on Mar 5, 1932 Death is said to have occurred on the date stated above, at 1:20 A.m.

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

Chr. valvular heart dis — Date of onset

Chr myocarditis

and Glomerulonephritis

92A 15 yrs ago

93C

Other contributory causes of importance: 130

(1)

Name of operation none 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) H C Griffe M. D.

(Address) 710 Professional Bldg