

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

Do not use this space.

8426

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 3608 White)

Registration District No. 399  
Primary Registration District No. 1004

File No. \_\_\_\_\_  
Registered No. 1005  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Esther Germany  
(a) Residence, No. 3608 White St. 14 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
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 Female  
4. COLOR OR RACE Coal  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1872  
7. AGE YEARS 59 MONTHS 2 DAYS 1  
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation 23 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Ark

13. NAME John Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hessie E. Germany 3608 White

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Mar 10 1932

19. UNDERTAKER (ADDRESS) Adkins Bros 2000 E 12th St

20. FILED 3/10 12:57 p.m. Grove Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931 to Mar 8, 1932

I last saw her alive on Mar 6, 1932 Death is said to have occurred on the date stated above, at 12:34 a.m.

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

La Grippe Dec 28 - 31 - 1931  
Endocarditis Myocardial  
92.13  
1932  
La Grippe

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

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 (1)  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Chas. F. McPherson, M. D.  
(Address) 1016 Chamberlayne Rd. H. C. Mo.

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.

2:07m

