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.

8457

File No. 1037

Registered No.

1. PLACE OF DEATH Veterans' Administration Hospital.

County Jackson — Registration District No.

Township — Primary Registration District No.

City Kansas City, Missouri (No. , St. Ward)

2. FULL NAME KASPERSON, Alexander Theodore — C-None — SPBW (SAV)

(a) Residence, No. 1960 E. 8th St., St., X Ward. Sgt.Co.C. 50th Inf.

(Usual place of abode) Trenton, Missouri. (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: 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: Mrs. Amanda Kasperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2, 1867

7. AGE: Years 64 — Months 10 — Days 10 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist 60

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): Sweden 04

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. 31

MOTHER

15. MAIDEN NAME: Unknown.

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

17. INFORMANT (ADDRESS): Hospital Records. Vet.Adm. Hospital, K.C.Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL PLACE Trenton Mo DATE Mar 12, 1932

19. UNDERTAKER (ADDRESS): Frumon Mortuary K.C. Mo.

20. FILED 3/12, 1932 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1930, to March 12, 1932

I last saw him alive on March 12, 1932. Death is said to have occurred on the date stated above, at 1:40 P.M.

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

	Date of onset
1. Hyperthyroidism	Unknown
2. Myocardial degeneration & auricular fibrillation	Unknown

Other contributory causes of importance:

Thyroidectomy	3-10-32

Name of operation: Thyroidectomy — Date of: 3-10-32

What test confirmed diagnosis? Exam. — 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 --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) G. A. Nieweg, M. D.

(Address) G.A.NIEWEG, Officer of The Day. Veterans' Administration Hosp. Kansas City, Missouri.