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.

8784

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 1375
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME Charles Pohlman
(a) Residence, No. 1215 Locust St., 2 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13, 1873
7. AGE: 58 YEARS — MONTHS: 5 — DAYS: 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plaster 73
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) Holand 13

FATHER
13. NAME Pohlman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holand

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holand

17. INFORMANT (ADDRESS) Miss Pearl Huff 1215 Locust
18. BURIAL, CREMATION, OR REMOVAL Cremation
PLACE Elmwood Cemetery DATE April 1, 1932
19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood
20. FILED 4/1, 1932 M. M. Crowe asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1932
22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1932 to 3-31, 1932
I last saw him alive on 3-31, 1932. Death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset: Dont Know
46B
1186
46B (1)

Other contributory causes of importance:
Haemorrhage from Cancer — 3/31/32

Name of operation none — Date of —
What test confirmed diagnosis? X Ray + 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) Wilson A. Mayer, M. D.
(Address) 815 Shuart Bldg