

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.

12852

1794

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 2529 Spruce) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Anton Lorenz

(a) Residence, No. 2529 Spruce St. 14 Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 11 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 Ida Lorenz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 3 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retained Farmer  
 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) Germany 10

FATHER 13. NAME Karl Lorenz

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

MOTHER 15. MAIDEN NAME Theresa Sutter

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

17. INFORMANT Mrs Ida Lorenz  
 (ADDRESS) 2529 Spruce

18. BURIAL, CREMATION, OR REMOVAL PLACE Lees Summit Mo DATE May 2 32

19. UNDERTAKER Wagner Funeral Home  
 (ADDRESS) 204 W. Linwood

20. FILED H 30 12 M. M. Crave  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1932, to Apr 29, 1932

I last saw him alive on Apr 29, 1932. Death is said to have occurred on the date stated above, at 4:00 A. m.

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

Coronary occlusion Myocarditis chronic Date of onset 9 9

Other contributory causes of importance: Arteriosclerosis chronic Hypertension chronic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Arthur A. Hobbs, M. D.  
 (Address) 3321 E. 30

