

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

Do not use this space.

16230

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Osaw

Primary Registration District No. 1002

City Kansas City (No. 7C general Hosp.)

File No. 2023

Registered No. 2023

St. Mo. Ward 9

**2. FULL NAME**

(a) Residence, No. 1428 Park St. 9 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred, 5 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. 18 1884

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>about</u>	<u>49</u>	<u>6</u>	<u>29</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26

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) mo 1

13. NAME Herman Oestrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

15. MAIDEN NAME Freda Brennan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Reverend Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Hosp. 5-19-32

19. UNDERTAKER (ADDRESS) Lafayette

20. FILED May 19 1932 M. M. Calow

Registrar

**MEDICAL CERTIFICATE OF DEATH**

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-16 1932 to 5-17 1932

I last saw him alive on 5-17 1932 Death is said to have occurred on the date stated above, at 8:59 a.m.

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

Spontaneous Rupture of Bladder Date of onset

135A

129 135

Other contributory causes of importance: Peritonitis (1)

Name of operation Date of 5-16-32

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?

If so, specify PE Williams

(Signed) PE Williams M. D.

(Address) Supd K.C. Gen. Hosp K.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.

JUN 12 1945