

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

Do not use this space.

19770

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Raw Primary Registration District No. 180 Registered No. 2580
 City Youngs Creek Lakeside Hospital (Ward) _____

2. FULL NAME

(a) Residence, No. 999 William K. K.
 (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

5 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Judewig Bredau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-13-1855

7. AGE YEARS 76 MONTHS 47 DAYS 1317 If LESS than 1 day, hrs. or min.

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

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) Denmark

13. NAME Milla Hansen

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) F. E. Bredau 293 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Quindaro DATE July-1-1932

19. UNDERTAKER (ADDRESS) Epilobotzki 1111 N. M. M. Crowe

20. FILED 6/30 1932 F. M. M. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to June 30, 1932.
 Last saw her alive on June 29, 1932. Death is said to have occurred on the date stated above, at 4:30 AM.
 The principal cause of death and related causes of importance were as follows:

Heart disease
186A
194B
95B

Other contributory causes of importance: Bright disease
Secondary anemias
fracture of neck of femur

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

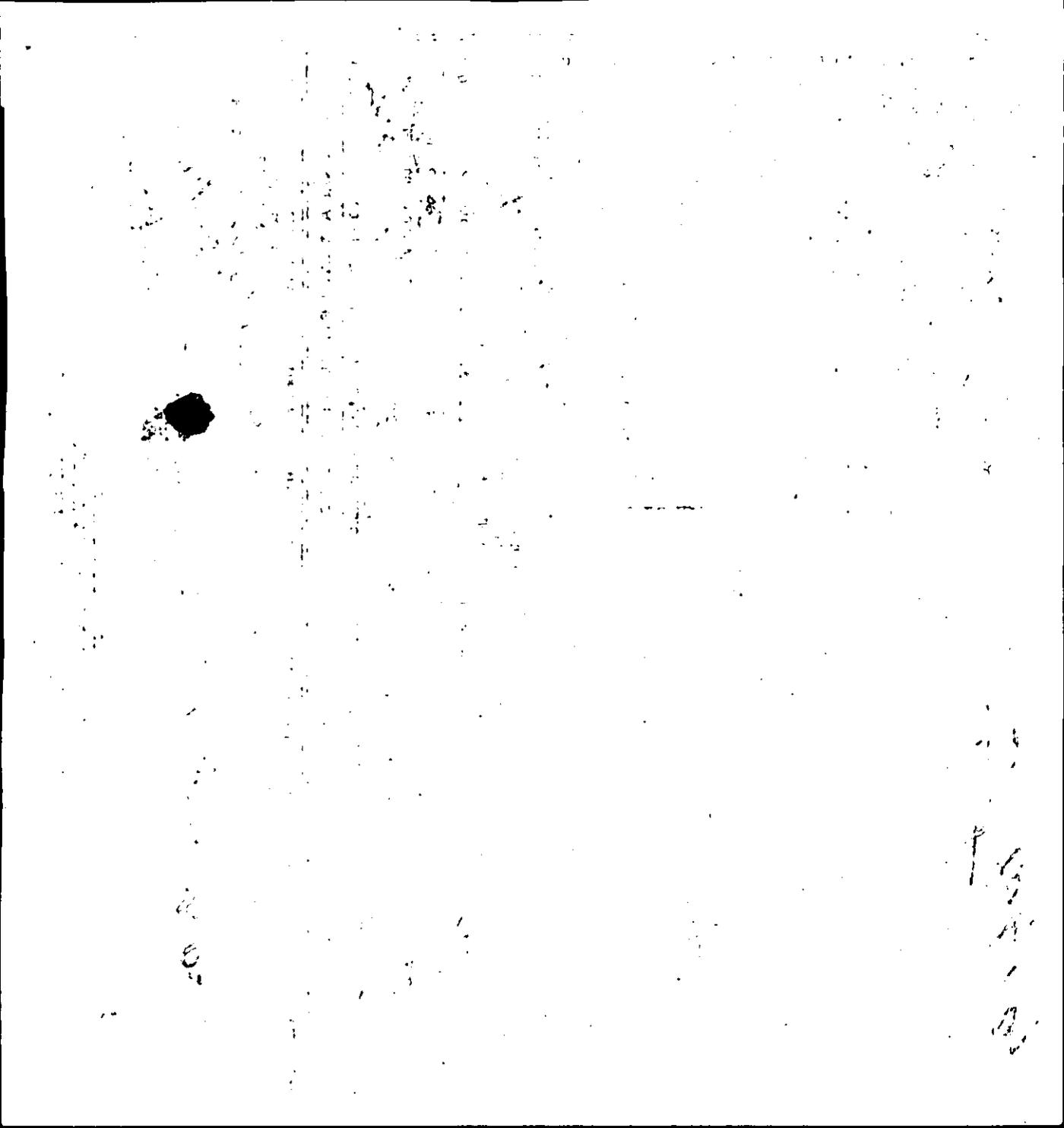
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

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

If so, specify _____
 (Signed) F. E. Bredau M. D.
 (Address) 252 W. Hardy Bldg.

Dr - Heart - 39th man



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 399
 Township Primary Registration District No. 400
 City (No. Lakeside Hospital) St. Ward (

File No.
 Registered No. 2580

2. FULL NAME

Margaret Predaw
 (a) Residence, No. St. Ward. K C Kansas
 (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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1/30 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to June 30, 1932. I last saw him alive on June 30, 1932. Death is said to have occurred on the date stated above, at 4 P.M.

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

Date of onset

Other contributory causes of importance:
Bright's Disease
Osseodysplasia
Fracture neck of femur

Name of operation Chondroplasty Date of Jan 1932
 What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan, 1932. Where did injury occur? Home Kansas City, Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Fall down stairs
 Nature of injury Fracture neck of left femur

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

(Signed) Self Hunt O O, M. D.
 (Address) 252 West 13th St.

SUPPLEMENTARY

1860

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

19770