

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

Do not use this space.

29412

1. PLACE OF DEATH **Veterans' Administration Hospital**
 County **Jackson** Registration District No. **390**
 Township _____ Primary Registration District No. _____
 City **Kansas City, Mo.** (No. _____) St. _____ Ward _____
 2. FULL NAME **WILHELM, Max** C-1 990 423 WOE
 (a) Residence, No. **1914 Oak** St. **3** Ward **Wag. Co F 314th Engrs.**
 (Usual place of abode) **Kansas City, 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) **Separated**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 2, 1888**

7. AGE YEARS **43** MONTHS **10** DAYS **18** If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Hospital Records**
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE **Floral Hills** DATE **9-22-32**

19. UNDERTAKER **Freeman Mortuary**
(ADDRESS) **104 W. 42nd St.**

20. FILED **9/22 32 M. M. Crowe**
Regist. **cash**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 20 1932**

22. I HEREBY CERTIFY, That I attended deceased from **October 1**, 19**31**, to **Sept. 20**, 19**32**

I last saw h. **im** alive on **Sept. 20**, 19**32** Death is said to have occurred on the date stated above, at **3:50 P.M.**

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

Acute Superimposed upon chronic rheumatic Valvular Heart Disease (Aortic) Date of onset **Unknown**

Other contributory causes of importance:
Amputation of Gangrenous right leg 9-19-32
Infarction of spleen **Unknown**
Nephritis, chr. Interstitial " "

Name of operation **Amputation** Date of **9-19-32**
 What test confirmed diagnosis? **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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) **V. E. Chambers**, M. D.
V. E. CHAMBERS, Med. Officer in Charge.
Vet. Adm. Hospital, Kansas City, 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.

