

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

Do not use this space.

35601

1. PLACE OF DEATH

County Jackson
 Township Kansas City
 City Kansas City (No. 4601 Fairmount)

Registration District No. 399
 Primary Registration District No. 1007

File No. _____
 Registered No. 4087
 St. _____ Ward _____

2. FULL NAME

Andrew Metzler

(a) Residence, No. Dorrance Kansas St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Metzler</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March ? 1886</u>			
7. AGE <u>46</u>	YEARS	MONTHS <u>8</u>	DAYS <u>46</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation	
10. Date deceased last worked at this occupation (month and year)		<u>46</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
13. NAME <u>Henry Metzler</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
15. MAIDEN NAME <u>Katie Reu</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
17. INFORMANT (ADDRESS) <u>David Metzler</u> <u>4601 Fairmount</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill Cemetery</u> <u>Nov. 4</u> 19 <u>32</u>			
19. UNDERTAKER (ADDRESS) <u>Gates Funeral Home</u> <u>R.C. Kansas</u>			
20. FILED <u>10/1</u> 19 <u>32</u> <u>M.M. Crowe</u> <u>Regist. Registrar</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 28th 1932 to Nov 1st 1932
 I last saw him alive on Nov 1 1932 Death is said to have occurred on the date stated above, at 6:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Parasitic Stomach Liver
bowels and other organs
 Date of onset _____

Other contributory causes of importance:
(1)

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) Chas. A. Ogden (ogies), M. D.
 (Address) Kansas City Mo.

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.

