

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.

15-275

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. 1519)

Registration District No. 399
Primary Registration District No. 1092

File No. 39791
Registered No. 4798
St. 4798 Ward)

2. FULL NAME

(a) Residence, No. 1519 Sevenside St. Ward. 1

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Do not know

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 49

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 145

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) Do not know

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Ben Schuefer (ADDRESS) 2010 E 17th

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Tree DATE 12/17 1933

19. UNDERTAKER Dr. Maas Home Inc (ADDRESS) 3446 Main St

20. FILED 12/16 32 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dignity Center, 1933

I last saw h. alive on 6 a., 1933. Death is said to have occurred on the date stated above, at 6 a. m.

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

Bronchopneumonia Date of onset 107A
107A
Other contributory causes of importance: 1

Name of operation no Date of no
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? no Date of injury no, 1933

Where did injury occur? no (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

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

(Signed) Dignity Center, M. D.
(Address) Dignity Center

