

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

Do not use this space.

1489
219

1. PLACE OF DEATH

County Dawson Registration District No. _____
Township Daw Primary Registration District No. _____
City Kansas City (No. KC General Hosp) St. _____ (Ward) _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 4129 E. 6th St. 10 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 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 (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25 1877</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>6</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 _____	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	13. NAME <u>John Weiss</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	15. MAIDEN NAME <u>Mary Lyons</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
17. INFORMANT (ADDRESS) <u>Reverend Clerk, K.C. Gen. Hosp. K.C. Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lansing Mo.</u> DATE <u>Jan 16</u> , 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>Quirk & Cohen Co. 20 West 12th St. K.C. Mo.</u>	
20. FILED <u>1-14</u> 19 <u>33</u> <u>M.M. Gause</u> Registrar.	

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1933, to Jan 4, 1933

I last saw deceased alive on Jan 4, 1933. Death is said to have occurred on the date stated above, at 5:30 m.

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

Coronary Disease with mural thrombi and infarcts of lungs and 2 kidneys.

Other contributory causes of importance: _____

9419
95B
1332

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. J. Gaudin M. D.
(Address) 1500 K.C. Gen. Hosp. K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAKING RESERVED FOR BINDING

V. S. NO. 2

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.

