

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

Do not use this space.

5620

1. PLACE OF DEATH **Veterans' Administration Hospital**

County **Jackson** Registration District No. **399**  
Township **Kaw** Primary Registration District No. **02**  
City **Kansas City, Mo.** (No. **U. S. Vet. Hospital**)

File No. \_\_\_\_\_  
Registered No. **569** St. \_\_\_\_\_ Ward)

2. FULL NAME **WIEGEL, Lee** **C-1 291 182** **202-10**  
(a) Residence, No. **2535 Bellefontaine** St. Ward. **Pvt. 473rd Cas Co**  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mrs. Cora Wiegel</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>August 1, 1876</b>		
7. AGE	YEARS <b>56</b>	MONTHS <b>6</b>
	DAYS <b>1</b>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Air Plane Builder</b>	
	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) <b>Arkansas</b>		
FATHER	13. NAME <b>Unknown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
	15. MAIDEN NAME <b>Unknown</b>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
	17. INFORMANT <b>Hospital Records</b> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Nat'l Military Home, Kansas</b> DATE <b>2/4/33</b> 19		
19. UNDERTAKER <b>Freeman Mortuary</b> (ADDRESS) <b>Kansas City, Mo</b>		
20. FILED <b>2-3</b> 19 <b>33</b> <b>M. M. Crowe</b> Regist. Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 2, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **January 21, 1933** to **February 2, 1933**  
I last saw him alive on **February 2, 1933** Death is said to have occurred on the date stated above, at **4:50 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**V.H.D. Mitral Stenosis with Myocardial Degeneration** Date of onset **Unknown**

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Phys. Exam** 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) **Geo. Hughes**, M. D.  
**G. W. HUGHES**, Clinical Director  
(Address) **V. A. Hosp. 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.

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