

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

Do not use this space.

5029

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

County **Jackson** Registration District No. \_\_\_\_\_

Township **Kaw** Primary Registration District No. \_\_\_\_\_

City **Kansas City, Mo.** (No. **Veterans Hospital**) \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. **580** \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **SASSE, Adolph William** C-491 989 202-10

(a) Residence, No. **300 West Broadway** St. \_\_\_\_\_ Ward. **Pvt. 1/c 2nd Co 164 DB**

(Usual place of abode) **Brunswick, 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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 5, 1892**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<b>40</b>	<b>5</b>	<b>29</b>	

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

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 **Fred W. Sasse**

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

15. MAIDEN NAME **Clara Hagen**

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

17. INFORMANT **Mrs. Cornelia Knowles (sister)**  
(ADDRESS) **8830 Powell Ave.,**

18. BURIAL, CREMATION, OR REMOVAL **Brentwood, Mo.**  
PLACE **Brunswick, Mo** DATE **Feb. 4, 1933**

19. UNDERTAKER **Freeman Mortuary**  
(ADDRESS) **Kansas City, Mo**

20. FILED **2/4 33 M. M. Grove**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from **January 30 1933 to February 4 1933**

I last saw him alive on **February 4 1933** Death is said to have occurred on the date stated above, at **6:50 A.M.**

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

**Epilepsy Grand and Petit mal with mental deterioration** Date of onset **Unknown**

Other contributory causes of importance:  
**Bronchopneumonia, bilateral 5 days**  
**Fracture of Fibula lower 1/3 (accidental)**  
**Unknown**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? **Physical & X-ray** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **No** Date of injury **about 1-15 1933**

Where did injury occur? **At home** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Acc fell on epilepsy attack**  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify **W.E. Chambers**, M. D.  
**W.E. CHAMBERS, Med. Officer in Charge**  
(Address) **Vet. Adm. 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.

76  
109

186A  
194  
10

10/5/33

