N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Phrases such as "Unknown" or "Adult" are not sufficient. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

9530

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Ker — Primary Registration District No.: 1003 — Registered No.: 1128
City: Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME: Charles Tressen

(a) Residence, No. 3820 Garfield St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Mau Tressen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6-1884

7. AGE: Years 49 — Months 0 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Kansas

FATHER
13. NAME: Herman Tressin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Sarah Rayburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Record Clerk K. C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Milford Kansas DATE: 3/7, 1933

19. UNDERTAKER (ADDRESS): LINDSEY FUNERAL HOME 3811 TROOST

20. FILED: 3-7-, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-5-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-8-, 1933 to 3-5-, 1933
I last saw him alive on 3-5-, 1933. Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance:

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. H. Jennett, M. D.
(Address) Mgr. K. C. General Hosp.