

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

Do not use this space.

9739

1. PLACE OF DEATH

County Jackson Registration District No. 885
 Township Yarrow Primary Registration District No. 1000
 City Kansas City (No. 72 C General Hosp) St. _____ Ward _____

File No. _____
 Registered No. 1313

2. FULL NAME

Fred Wilhelm
 (a) Residence, No. 1185 Brighton St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
32 8 27

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

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

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) Exeter

13. NAME Father P. C. Wilhelm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Mary J. Pravin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

17. INFORMANT (ADDRESS) Reverend Clerk R. C. Gen. Hosp 72 C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Epule Mo DATE 3-21 1933

19. UNDERTAKER (ADDRESS) Eddie Bras 1416 Main Ave.

20. FILED Mar 20, 1933 M. M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-8 1933 to 3-20 1933
 I last saw him alive on 3-20 1933 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
23A
23
 Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. Jensen M. D.
 (Address) 521 C. Gen. Hosp 72 C. Mo

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

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.

33
1
2
2

