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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 388 — File No. 16534
Township Kaw — Primary Registration District No. 1002 — Registered No. 2025
City Kansas City (No. St. Mary's Hospt St. Ward)

2. FULL NAME Albert Schrumpf
(a) Residence, No. 815 East 42nd St., Ward.
(Usual place of abode) (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minna Schrumpf
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31st 1876
7. AGE YEARS 56 MONTHS 6 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitary Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Health Dept.
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 City Mo

FATHER
13. NAME Albert Schrumpf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jaenesburg Africa

MOTHER
15. MAIDEN NAME Amanda Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Wing Mo

17. INFORMANT (ADDRESS) Minna Schrumpf 815 E. 42nd
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5-10-33
19. UNDERTAKER (ADDRESS) Quirk & Lobin Linwood & Main
20. FILED May 10, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1933
22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1933, to ....., 19....
I last saw him alive on 5-8, 1933. Death is said to have occurred on the date stated above, at 6:20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	
Thrombo angiitis	
obliterans	
Buerger's Disease	

Other contributory causes of importance:

Name of operation amputation leg Date of 5-5-33
What test confirmed diagnosis clinical exp Was there an autopsy? 0

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? no
If so, specify
(Signed) W. J. Miller, M. D.
(Address) 8 Targyle