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.

NOV 10 1933

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

Do not use this space. 29553

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3878
City Kansas City (No. 6722 Bales St. Ward)

2. FULL NAME Otto Kubitzki
(a) Residence, No. 6716 Bales St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1917 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Amelia Kubitzki

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch -20-1854

7. AGE: YEARS 79 — MONTHS 6 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (15 yrs)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MACHINIST
10. Date deceased last worked at this occupation (month and year) 1917
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME UNKNOWN KUBITSKI
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) William J Kubitzki 6716 Bales

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE OCTOBER-2 1933

19. UNDERTAKER (ADDRESS) DW Newcomers Sons 2111 E 7th St

20. FILED 10-2 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept -29 1933

22. I HEREBY CERTIFY, That I attended deceased from Apply Corner, 19..., 19...
I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:
Suicide by hanging — Date of onset
165
165

Other contributory causes of importance:
no

Name of operation Autopsy 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? Suicide Date of injury 9/29/33
Where did injury occur? 6716 Bales K Cmo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Hanged self in home
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M.D.
(Address) KCMO