

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

Do not use this space

29797 ✓

1. PLACE OF DEATH

County Jackson
Township Blue
City Ledston (No. K.C. Mo.)

Registration District No. 3-2
Primary Registration District No. 100
J.B. Hospital

File No. _____
Registered No. 3723 (Ward) _____
St. _____

2. FULL NAME

(a) Residence, No. 4044 Park St. _____ Ward. _____
(Usual place of abode) K.C. Mo.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 - 11 23

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

13. NAME E. Boerngen

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

15. MAIDEN NAME F. Leipnitz

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

17. INFORMANT K.C. J.B. Hospital
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 9-21-23

19. UNDERTAKER (ADDRESS) Parish & Sohn

20. FILED 9/20, 1923 M. M. Cron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1923

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1921, to 9-16, 1923

I last saw him alive on 9-16, 1923 Dr. is said to have occurred on the date stated above, at 10:38 a.m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Spitzer 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? no
If so, specify _____

(Signed) Paul G. Platt, M. D.
(Address) A.C. Tuberculosis Hosp.

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.

SEP 20 1923

