

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No.)

Registration District No. 399
Primary Registration District No. 1002

File No. 32959
Registered No. 3880 St. Ward)

2. FULL NAME

(a) Residence, No. 9174 Central 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 10 6

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

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) Independence Missouri

13. NAME Mathias Peiser

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

15. MAIDEN NAME Marie Ensel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuckenhausen Prussia

17. INFORMANT (ADDRESS) Maurice Peiser, 616 W. Fernington

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Oct. 4 1933

19. UNDERTAKER (ADDRESS) Deft. Mitchell Independence

20. FILED 10-2-33 M.M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/21/33

22. I HEREBY CERTIFY, I have attended deceased from Sept 21 1933 to Oct 21 1933, 19.....

I last saw him alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
Chronic pyeloid infection Date of onset

Chronic pyeloid infection

Chronic pyeloid infection

Other contributory causes of importance:
None

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence, etc.) 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).....

(Address) W.D. Depert M.D.

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

