

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City K.C. Mo. (No. 100574)

Registration District No. 399
Primary Registration District No. 100574

File No. 36387
Registered No. 4291
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Adrian Mo
(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 M 4. COLOR OR RACE W 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) 10-4-1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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) Mo.

FATHER 13. NAME Harry Kreeger

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

MOTHER 15. MAIDEN NAME Luella Pike

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

17. INFORMANT Harry Kreeger (ADDRESS) Adrian Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Mo DATE Nov 4 1933

19. UNDERTAKER H. N. Brown & Sons (ADDRESS) Grandview Mo

20. FILED 11-2-33 1933 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-13-33, 19____, to 11-2-33, 19____. I last saw h. i. m. alive on 11-2-33, 19____. Death is said to have occurred on the date stated above, at 7:35 P.m.

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

Reptured Appendix
121A Generalized Peritonitis
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) Lawrence P. Engel, M. D.
(Address) 1228 Prof. Bldg. K.C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 8 1934

