

MAR 24 1934

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

1. PLACE OF DEATH

County Jackson
 Township Jackson
 City Kansas City No. 42 C. General Hosp

Registration District No. 333Primary Registration District No. 1000File No. 4884Registered No. 606

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2440 McVey St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 1906</u>				
7. AGE	YEARS <u>27</u>	MONTHS <u>6</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	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 _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>			
	13. NAME <u>Henry Merup Jr.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>			
	15. MAIDEN NAME <u>Sara Schirnat</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>			
	17. INFORMANT <u>Reard Clark</u> (ADDRESS) <u>R. C. Gen. Hosp. KC Mo.</u>			
18. BURIAL, CREMATION OR REMOVAL <u>not Washington</u> DATE <u>2-8-34</u>				
19. UNDERTAKER <u>Fuchs + Julian</u> (ADDRESS) <u>278 34 M. M. Crowe</u>				
20. FILED <u>2/8 1934</u> <u>W. M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 193422. I HEREBY CERTIFY, That I attended deceased from 1-31 1934 to 2-6 1934I last saw him alive on 2-6 1934 Death is saidto have occurred on the date stated above, at 7:10 a.m.

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

Lobar Pneumonia Date of onset _____Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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? _____

If so, specify _____

(Signed) W. M. Crowe M. D.(Address) 278 34 M. M. Crowe

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.

