

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

Do not use this space.

8894

APR 25 1934

1. PLACE OF DEATH

County Jackson
Township East
City Kansas City (No. 506, Norton)

Registration District No. 399
Primary Registration District No. 1003

File No. 1084
Registered No. 1084
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 506 Norton St. _____ Ward _____
(Usual place of abode)

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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 15-1877

7. AGE YEARS 56 MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Theresa Hohenreiner 506 Norton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 9, 1934

19. UNDERTAKER (ADDRESS) Clyde Funeral Home 1800 Linwood

20. FILED Mar 8 1934 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH Tues.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1929, to Feb 1, 1934

I last saw him alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at 9:15 p. m.

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

Chronic Pulmonary Tuberculosis

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Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? spitum 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) J. M. Frankenburg, M. D.
(Address) 824 Pieta Bldg.

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.

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A. B. 700

5546 Crestwood Hi 4128