

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

Do not use this space.

9089

**1. PLACE OF DEATH**

County Jackson Registration District No. 7  
 Township Trinity Primary Registration District No. 1  
 City Kansas City (No. Trinity Lutheran Hospital) St.          Ward         

File No.           
 Registered No. 1250

**2. FULL NAME** John Carl Michaelis

(a) Residence, No. 7330 Main St. 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) March 28 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
12 11 23

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

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) Missouri

13. NAME Tick Michaelis

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

15. MAIDEN NAME Anna Sulzer

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

17. INFORMANT Nick Michaelis (ADDRESS) 7330 Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE          DATE 3/1/34 19

19. UNDERTAKER Quirk & Tobin Co (ADDRESS) 20 West Linwood

20. FILED March 21, 1934 M. M. Corone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) at 21 1934 19

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1934, to Mar 21 1934

I last saw him alive on Mar 21 1934 Death is said to have occurred on the date stated above, at 8:20 A. M.

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

Liver abscess  
Septicemia  
Rheumatic pericarditis  
Peritonitis  
appurtenant  
 Date of onset Mar 21

Other contributory causes of importance:

Name of operation          Date of Mar 21

What test confirmed diagnosis?          Was there an autopsy? Yes

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) Edw. M. Myers M. D.  
 (Address) 901 Chambers City

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.

THIS IS A PERMANENT RECORD

APR 25 1934

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*Handwritten initials*

