MAY 25 1934

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

Do not use this space.

12845

File No. 1592

Registered No.

1. PLACE OF DEATH

County Jackson. Registration District No. 3[illegible]

Township Kaw. Primary Registration District No. 1[illegible]

City Kansas City. (No. 234 E. 34th St. Terr. St. Ward)

2. FULL NAME Eugene C, Kreigh.

(a) Residence, No. 234.E.34. 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 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male.	White.	Widower.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April.2.1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69.	—	3.	

OCCUPATION

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

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 Mo.

FATHER

13. NAME Phillip Kreigh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown Maryland

MOTHER

15. MAIDEN NAME Rachel M. Hardman

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

17. INFORMANT Mrs. E. S. Mendenhall
(ADDRESS) 110 E. 34th St. Terr, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belton Mo. DATE 4/8/34 19

19. UNDERTAKER Freeman Mortuary.
(ADDRESS) Kansas City, Missouri.

20. FILED 4-7 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 '34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 31, to Apr 5, 19 34

I last saw him alive on Apr 5, 19 34. Death is said to have occurred on the date stated above, at 9:00 m.

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

	Date of onset
Coronary occlusion	4-5-34
Arth 9/15	

Other contributory causes of importance: Chronic cystitis prostate 5 yrs.

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) Harry L. Lamer, M. D.

(Address) Kansas City 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

Argyle Bldg.
2 – 5 P.M.