

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 300
Primary Registration District No. 47
(No. 817-So Whisking)

File No. 12855
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Bernard Dahne
(a) Residence, No. 817-So Whisking St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 1 mos. 19 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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23-1898</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>3</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>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Data 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) no record

FATHER 13. NAME no record

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER 15. MAIDEN NAME no record

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Mrs. Mary Dahne
(ADDRESS) 817-So Whisking

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 4/19 1934

19. UNDERTAKER Shiloh Funeral Home
(ADDRESS) 6606-Independence Ave

20. FILED Apr 8 1934 M. M. Crowe
Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from 4-6 1934, to 4-6 1934

I last saw him alive on April 6 1934. Death is said to have occurred on the date stated above, at 11:00 P.m.

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

Cerebral Embolism Date of onset 4-6-34
Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) H. B. Eustace, M. D.
(Address) 333 Lathrop Bldg.

