

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

Do not use this space.

MAY 25 1934

13031

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 102
Primary Registration District No. 102
(No. Vineyard Park Hospital)

File No. 1600
Registered No. 1600
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2835 Boston Boulevard 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 19, 1904</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Federal probations officer

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

FATHER

13. NAME Harold C. Hantz

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

MOTHER

15. MAIDEN NAME Henrietta E. Bellame

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

17. INFORMANT Harold C. Hantz
(ADDRESS) 2919 Victor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cemetery DATE April 23, 1934

19. UNDERTAKER John J. Sheehan
(ADDRESS) 4316 Throes Ave Kansas City Missouri

20. FILED Apr 21, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr - 20, 1934 to Apr - 20, 1934
I last saw him alive on Apr 20, 1934 Death is said to have occurred on the date stated above, at 7 P.m.

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

Cerebral Hemorrhage - 9-10-34
HTA
100
G20
Other contributory causes of importance: Essential Hypertension 1931

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) J. E. Sheldon, M. D.
(Address) 922 Walnut / K.C. Mo.

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.

Dr Sheldon - Vineyard Park
Gr 2082