

MAY 25 1934

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

Do not use this space.

13097

1. PLACE OF DEATH

County Jackson
Township Travis
City Kansas City Mo (No. 8214 E. 28)

Registration District No. 8214 E. 28
Primary Registration District No. 8214 E. 28

File No. 13097
Registered No. 1848
St. Ward

2. FULL NAME

John Robert Stiers
(a) Residence, No. 5214 East 28th St. Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1934

7. AGE YEARS MONTHS DAYS if LESS than 1 day, 3 hrs. or min. 5 hrs.

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

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) Kansas City Mo

13. NAME Frank Stiers

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

15. MAIDEN NAME Belle Edwards

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

17. INFORMANT Belle Stiers (ADDRESS) 5214 - East 28

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwards Ave Mo 4/25 34

19. UNDERTAKER Stiers McClure (ADDRESS) 3230 Wellman Plaza

20. FILED Apr 25 1934 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1934, to Apr 25, 1934

I last saw him alive on 1 PM Apr 25, 1934. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Cerebral Compression (Long tedious labor) Cerebral hemorrhage
Date of onset 4/24/34

Other contributory causes of importance: Asphyxia Paleness 160 lb

Name of operation Date of

What test confirmed diagnosis: Was there an autopsy?

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) Chas. L. Peery, M. D.

(Address)

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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Ch. 5713