

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

Do not use this space.

20535

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Kan. Primary Registration District No. 100
 City Kansas City (No. Menorah Hospital) St. _____ Ward _____

2. FULL NAME Lena Weissinger

(a) Residence, No. 3210 Summit St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustave Weissinger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. Housewife
 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) Germany

FATHER
 13. NAME Muller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT George Weissinger
 (ADDRESS) 3801 Genesee

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE June 19, 1934

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED 6-18-34 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1934
 22. I HEREBY CERTIFY That I attended deceased from June 14, 1934, to June 17, 1934
 I last saw him alive on June 17, 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Myocardial Infarction
Generalized Sclerosis
Senility
 Date of onset 6/15/34

Other contributory causes of importance:
usual

Name of operation _____ Date of _____
 What test confirmed diagnosis usual 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) A. C. Clesen, M. D.
 (Address) 625 W. 11th St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 17 1934

10

Dr. C. Cassin. Prof. R. S. Dy.

1-5-PM

#2 Kansas City

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

2701

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lena Weissinger
Who died at Menorah Hosp on June-17-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F. Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 78 Months 2 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: Coronary Thrombosis

Other contributory causes of importance: Myocardial Weakness - Generalized

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? W

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 _____

Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

Name of physician A.C. Cresson M.D.

Address of physician Kansas City, Mo.
Signature of Registrar M.M. Brown 9/18/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 399 Very truly yours,

Primary Reg. Dist. No. 1002
E. T. McGaugh, M.D.
Special Agent.

1934
S-20535