

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

Do not use this space.

OCT 17 1934

32850

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township Kew Primary Registration District No. 092
 City KCMO (No. St Joseph Hospital St. 4186 Ward)

2. FULL NAME

(a) Residence, No. Summit Ave. Ward. _____
 (Usual place of abode) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1875

7. AGE YEARS 59 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Bellville Ill

13. NAME FRANK Metzger

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

15. MAIDEN NAME Unknown

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

17. INFORMANT EMIL Metzger (ADDRESS) 506 W EIGHTH

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence DATE Sept 13 1934

19. UNDERTAKER O'Donnell (ADDRESS) Lawrence with Maria

20. FILED 9-12 1934 W. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934, to Sept 12, 1934. I last saw him alive on 9/12. Death is said to have occurred on the date stated above, at 5A m.

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

Primary Carcinoma of Bronchus - (Bronchogenic carcinoma) secondary metastases to neck, adrenal & kidney

Other contributory causes of importance:

Pulmonary edema

Name of operation 5A biopsy Date of Sept 11, 1934

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1934

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) J. O. Skinner, M. D.

(Address) Bryant Bldg. Lawrence City 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.

