DEC 18 1934

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

Do not use this space.

39520

1. PLACE OF DEATH
County JACKSON — Registration District No. 0002 — File No.
Township KAW — Primary Registration District No. — Registered No. 503
City KANSAS CITY (No. 3045 TERRACE St. Ward)

2. FULL NAME FRED AMAN
(a) Residence, No. 3045 TERRACE St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. ELIZABETH AMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-1-1860
7. AGE: YEARS 74 — MONTHS 6 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

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

90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

10

FATHER
13. NAME CHRISTAIN AMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

10

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

10

17. INFORMANT (ADDRESS) MR. EDWARD F. AMAN 3045 TERRACE ST.
18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE 11-21 1934
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.
20. FILED 11-20 1934 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-19, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Nov 19, 1934
I last saw him alive on Nov 19, 1934. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Insufficiency	
Hypertrophy of Prostate	2 yrs.
137	
133C	

137

Other contributory causes of importance:
162 Senility

Name of operation Prostate (Punch operation) Date of 4 mo ago
What test confirmed diagnosis? Clinical Finding Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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 X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. R. McCormack, M. D.
(Address) 2855 So. Wen Blvd Kans.
11/20/34

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.

2855 Southwest Blvd
2-5 ; 7:30 - 9:30