DEC 18 1934

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

Do not use this space.

39637
12/18
5148

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kan — Primary Registration District No. — Registered No.
City K. C. Mo. (No. Santa Fe Freight House St. Ward)

2. FULL NAME Wm G. Vieregg
(a) Residence, No. 804 East 44th St. 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: Male
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 Lora Vieregg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1858

7. AGE: YEARS 76 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. T. & St. Fe
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) Penn

FATHER
13. NAME Frank Vieregg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Harriett Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs. W. G. Ortoff 804 East 44th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 11-30/34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn ave.

20. FILED 11-28, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 1070 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chronic Myocardial Infarction	
9416	

Other contributory causes of importance: no 930

Name of operation Autopsy Date of
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? 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) [signature], 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.