

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

Do not use this space.

42807

JAN 2 1935

1. PLACE OF DEATH

County JACKSON
Township.....
City INDEPENDENCE

Registration District No. 398
Primary Registration District No. 3019
(No. 202 N. RIVER BLVD.)

File No.
Registered No. 411
St. Ward)

2. FULL NAME FRANK REMSBURG

(a) Residence, No. St., Ward. DES MOINES IOWA
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 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 ESTER REMSBURG (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 - 30 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
71 5 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LABORER

10. Date deceased last worked at this occupation (month and year) 5 YEARS 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) PRAIRIE CITY (STATE OR COUNTRY) IOWA

13. NAME LEVI REMSBURG

14. BIRTHPLACE (CITY OR TOWN) HAGERS TOWN (STATE OR COUNTRY) MARYLAND

15. MAIDEN NAME SUSAN PALMER

16. BIRTHPLACE (CITY OR TOWN) HAGERSTOWN (STATE OR COUNTRY) MARYLAND

17. INFORMANT GEO. W. REMSBURG (ADDRESS) HILL BLDG., INDEPENDENCE, MO.

18. PLACE OF DEATH OR REMOVAL PRAIRIE CITY, IOWA DATE DEC. 11, 1934

19. UNDERTAKER STAHL'S FUNERAL HOME (ADDRESS) 815 N. MAPLE AVE., INDEPENDENCE, MO.

20. FILED 12-15 1934 H. L. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 11, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1934, to Dec. 10th, 1934. (last saw him alive on Dec. 10, 1934) Death is said to have occurred on the date stated above, at 4:30 AM.

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

Uremia Date of onset Dec. 10th 1934
Chronic Bright's Disease
Albuminuria 131
131 Other contributory causes of importance: 132B

23. Name of operation Kidney Date of Oct. 7, 1934
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) H. L. Cook Registrar.
(Address) Independence, Mo.

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.

