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.

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

DEC 18 1934

Do not use this space.

42829

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1202 — File No. 5165
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. ..., Trinity Luthern Hosp. ..... Ward)

2. FULL NAME William Henry Pundt
(a) Residence, No. Rte # 1 Lenexa St., ... Ward. Lenexa Kas.
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Pundt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 24 1870

7. AGE YEARS 64 MONTHS 2 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner & Operator.
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) West Alexandria Ohio

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

MOTHER
15. MAIDEN NAME Katherine Sauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Alexandria. Ohio

17. INFORMANT (ADDRESS) Mrs. Katherine Pundt Lenexa Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lenexa Ks. DATE Dec. 3 1934

19. UNDERTAKER (ADDRESS) H E Juliey Olathe Kas.

20. FILED 11-30 1934 M. M. Crowe ash Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-1- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934, to Dec 1st, 1934
I last saw him alive on Dec 1st, 1934 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Purpura hemorrhagica	7da
72A	
70A	

Other contributory causes of importance:
Myeloid Leukemia

Name of operation ..... Date of .....
What test confirmed diagnosis? Cl + Lab 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 Wm H Trimble
(Signed) ....., M. D.
(Address) Trinity Hospital