

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.

JAN 7 1935

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

Do not use this space.

43047

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. K.C. General Hosp) St. _____ Ward _____

File No. _____
Registered No. 2032
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rolla Hotel St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>40</u>	<u>5</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) New York

13. NAME John Eder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Sarah Pink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) De W. C. Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Lower Kansas DATE Dec 19 1934

19. UNDERTAKER (ADDRESS) W. B. Tappan

20. FILED 1/19 1934 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1934 to 12-17 1934

I last saw him alive on 12-17 1934 Death is said to have occurred on the date stated above, at 4:18 a.m.

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

Diabetes Chronic
nephritis
5/3
1/9
Other contributory causes of importance:
Pulmonary Edema
Date of onset _____

Name of operation _____ 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) P. F. De Manno, M. D.

(Address) East 5th St. K.C. Gen. Hosp
22 C. Mis

