

MAY 24 1935

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

Do not use this space.

9450

1. PLACE OF DEATH

County Jackson Registration District No. 1000
Township 1000 Primary Registration District No. 1000
City Kansas City (No. 1) Gen Hosp St. 1000 Ward 1000

File No. 9450
Registered No. 9450
St. 1000 Ward 1000

2. FULL NAME

(a) Residence, No. 118 1/2 Independence Ave Ward 1000
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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*) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50

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) No record

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT He was clerk
(ADDRESS) K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Winkelman Mo DATE 4-2-35 19

19. UNDERTAKER Peter B. Lapetig
(ADDRESS) 536 Campbell St

20. FILED 4-2-35 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1935 to 3-30 1935

I last saw him alive on 3-30 1935 Death is said

to have occurred on the date stated above, at 1:25 a m

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

Bronchopneumonia Date of onset

Other contributory causes of importance: 1070

Name of operation Date of

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) [Signature] M. D.

(Address) [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.

