MAY 2 4 1935

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

399

Do not use this space.

12823

File No. 5-[illegible]

Registered No. [illegible]

1. PLACE OF DEATH

County Jackson Registration District No. 1003

Township Kan Primary Registration District No. 0

City Kansas city (No. 4045 Euclid St. Ward)

2. FULL NAME William Kraack

(a) Residence, No. 4045 Euclid St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	Wh	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-8-1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	3	0	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1915 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Fred J Tillery
(ADDRESS) 4045 Euclid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk. DATE Apr-10 1935

19. UNDERTAKER Alvin Newcomb's Sons
(ADDRESS) Kansas city - Mo.

20. FILED 4-9 1935 M. M. Crowe, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1934, to April 8 1935

I last saw him alive on April 5 1935. Death is said to have occurred on the date stated above, at 9 40 a.m.

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

	Date of onset
Apoplexy	12/30/34
Other contributory causes of importance:	
Hypertension	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify .....

(Signed) D. E. Bouchard, M. D.

(Address) 3346 Summit

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

3346 Smith

3 to 5 pm