

MAY 24 1935

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

Do not use this space.

13008

25400

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002
 (No. 3236 Brooklyn)

File No. 13008
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME George J Voth

(a) Residence, No. 3236 Brooklyn 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16/35, 19

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1935, to April 16, 19356. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1870

I last saw him alive on Apr 16, 1935 Death is said to have occurred on the date stated above, at 10:20 A M
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 7 16

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Terminal R. R.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Myo-cardosis with coronary occlusion 2 mo.
131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Other contributory causes of importance:
Rheumatic infection with Nephritis 10 yrs

13. NAME John Fred Voth

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No. 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. No.

15. MAIDEN NAME Mary C Meyers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Fred G. Voth
 (ADDRESS) 3236 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 4/22/35, 19____

19. UNDERTAKER Quirk & Tobin Co.
 (ADDRESS) 20 W Linwood

20. FILED 4-20, 1935 Mon Crowe
Assistant Registrar.

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) Dr. John A. Sherman, M. D.
 (Address) 1402 Bryant Bldg
Kansas City Mo

