

JUN 24 1935

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

Do not use this space.

16540

1. PLACE OF DEATH

County Jackson Registration District No. 299
 Township Franklin Primary Registration District No. 1002
 City Kansas City (No. Memorial Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Armour & Harrison Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 2 3

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

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

MOTHER 13. NAME Louise Lutz
 14. BIRTHPLACE (CITY OR TOWN) Poland
 (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Levy
 16. BIRTHPLACE (CITY OR TOWN) Poland
 (STATE OR COUNTRY)

17. INFORMANT Chas. Lutz
 (ADDRESS) Canton Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE May 17, 1935

19. UNDERTAKER Carroll Davidson and Co
 (ADDRESS) 3024 Troost Ave.

20. FILED May 16, 1935 M. M. Croninger
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1935

22. I HEREBY CERTIFY That I attended deceased from _____ 1935, to May 16, 1935

I last saw him alive on May 15, 1935. Death is said to have occurred on the date stated above, at 12 m.

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

Pulmonary Oedema Date of onset 4/2/35
Leukemia acuta 5/1/35

Other contributory causes of importance: Endocarditis Chronic

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lt's 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 _____, 1935

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) B. M. L. Lippert M. D.

(Address) _____ 1002 PROFESSIONAL BLDG.

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.

