

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

Do not use this space.

MIN 24 1935

1. PLACE OF DEATH

County Jackson Registration District No. 599
 Township Kanawha Primary Registration District No. 1007
 City Kansas City (No. General Hosp) (Ward)

File No. 16630
 Registered No. 2142

2. FULL NAME

Irma Datzman
 (a) Residence, No. Keeping St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>11</u>	<u>10</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) Much.

13. NAME Irma Datzman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown

15. MAIDEN NAME Debrah Ritter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown

17. INFORMANT (ADDRESS) Keena Pleck

18. BURIAL, CREMATION, OR REMOVAL PLACE Keena College DATE 19

19. UNDERTAKER (ADDRESS) Peter B. Laseley

20. FILED May 24 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-12 1935 to 5-17 1935

I last saw him alive on 5-17 1935 Death is said to have occurred on the date stated above, at 3:35 am
 The principal cause of death and related causes of importance were as follows:

Bilateral Lobar Pneumonia
 Date of onset 10
 Other contributory causes of importance:

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) J. H. Jewett, M. D.
 (Address) General Hosp

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.

