

JUL 2 2 1935

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

Do not use this space.

19871

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City Mo. (No. 5504) Worledge St. Ward

File No. _____
Registered No. 2515
St. _____ Ward _____

2. FULL NAME

Wm. Plepshmidt
(a) Residence, No. 5504-Worledge St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker
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) Lippig Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. S. W. Heatley 5504-Worledge

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE June 21, 1935

19. UNDERTAKER (ADDRESS) James Henderson 4139-E-15th

20. FILED 720 1935 M. M. Lerow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1935, to June 19, 1935. I last saw him alive on June 11, 1935. Death is said to have occurred on the date stated above, at 4:15 m.

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

Chronic Valvular Heart Disease
Mitral and Aortic Regurgitation Feb 1935

Other contributory causes of importance: 92

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 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? Yes. If so, specify _____
(Signed) P. W. Rose, M. D.
(Address) 103 N. Elmwood

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.

St. John & Elmwood

5504 Norledge