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.

JUL 2 2 1935

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

Do not use this space.

19898

File No. 2562

Registered No.

1. PLACE OF DEATH
County Jackson
Township Ken
City Kansas City Mo. (No. Martin & Lapping St. Ward)
Registration District No. 21-4
Primary Registration District No. 1-6-6-4

2. FULL NAME Henry Engelman
(a) Residence, No. Martin & Lapping 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 Amelia Engelman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1858
7. AGE YEARS 77 MONTHS 3 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Truck Gardener
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) Austria

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Edward J. Engelman
(ADDRESS) Martin & Lapping
18. BURIAL, CREMATION, OR REMOVAL K.C.R.
PLACE Memorial Pk. DATE 19
19. UNDERTAKER Rose & Henderson
(ADDRESS) 4139-E-15 St
20. FILED 6 22 1935 Mon Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1935
22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935 to June 20, 1935
I last saw him alive on June 20, 1935 Death is said to have occurred on the date stated above, at 5-10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	6/11-1935
131	
Other contributory causes of importance: chronic interstitial nephritis	?

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Laboratory 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) Samuel Voegelin M. D.
(Address) 604 Commerce Bldg.

Mr. Voegline
Res. Be 3803

Hosp. 9-11 morning
Gr. 2082
Vine St.