Aug 20 1935

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

Do not use this space.

22970

File No. 2706

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City Kan City (No. General Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Walter Kupfer
(a) Residence, No. 4019 Charlotte 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1919

7. AGE: Years 16 | Months 2 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
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) KansasCity Mo

FATHER
13. NAME Walter A.Kupfer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Menphis Tenn

MOTHER
15. MAIDEN NAME BerniceeChapman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kanas City Mo

17. INFORMANT Walter A.Kupfer
(ADDRESS) 4019 Charlotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florial Hill Cem DATE July 5, 1935

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 202 W.Linwood

20. FILED July 5 1935 M.M. Crouch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the Abdomen	
Acute peritonitis	

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) ....., M. D.
(Address) .....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD