

JAN 23 1936

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

Do not use this space.

39713

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township How Primary Registration District No. 1002
City Kansas City (No. 3407, E 7th St.)

File No.
Registered No. 10075
St. 5000 Ward

2. FULL NAME

William Don Abranz

(a) Residence, No. 3002 Woodland St., Ward.

(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 None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>4</u>	<u>19</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) Kansas City (STATE OR COUNTRY) Missouri

13. NAME Chas Albert Abranz

14. BIRTHPLACE (CITY OR TOWN) Lawrence (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Alice Linster

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) N. Y.

17. INFORMANT Alice Abranz (ADDRESS) 3002 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem DATE 12-24-35

19. UNDERTAKER S. P. Louis Funerals (ADDRESS) 3405 Woodland Ave

20. FILED Dec. 23 1935 M. M. Clow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935, to Dec 23, 1935
I last saw him alive on Dec 22, 1935 Death is said to have occurred on the date stated above, at 8 A. M.
The principal cause of death and related causes of importance were as follows:

Pneumonia
1935
Other contributory causes of importance:

Date of onset 12-21-35

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) Cornie E. Hedges M.D.
(Address) 3627 Campbell

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.

Dr. Hedges.