

JAN 9 1936

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

Do not use this space.

1233

1. PLACE OF DEATH

County Jackson
Township ~~Kaw~~
City Kansas City (No. 5629 Euclid)

Registration District No. 2
Primary Registration District No. 2

File No. _____
Registered No. 86
St. _____ Ward _____

2. FULL NAME William F Gnefkow

(a) Residence, No. 5629 Euclid 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 8 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

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) Cardona Kan

13. NAME Ferdinand Gnefkow

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

15. MAIDEN NAME Fredricka Speitz

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

17. INFORMANT Bernard Gnefkow
(ADDRESS) 5637 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE Jan 8 1936

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 West Linwood

20. FILED Jan 7 1936 M. M. Lerowe
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1936 .1936

22. I HEREBY CERTIFY, That I attended deceased from 7:00 am 1/5 1936 to 3:40 1/5 1936
I last saw h.i. alive on 1/5 1936 Death is said to have occurred on the date stated above, at 3:40 P M
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify Paul C. Platt, M. D.
(Signed) Paul C. Platt
(Address) 925 Artyph Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION as very important

