

APR 23 1936

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

Do not use this space.

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1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. SE Marys Hospital)

File No. _____

Registered No. _____

Ward _____

2. FULL NAME

Harry H. Herold(a) Residence, No. 4524 Wabash 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF hona p Herold6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-24-18957. AGE YEARS 41 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
Geo Heeske9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. metal wks10. Date deceased last worked at this occupation (month and year) March 1936 11. Total time (years) spent in this occupation 2412. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis
mo.13. NAME Chas Herold14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis
mo.15. MAIDEN NAME Mattie Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs honora Herold (ADDRESS) 4524 Wabash18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE March-28-193619. UNDERTAKER D.W. Newcomers Sons (ADDRESS) Kansas City - Mo20. FILED Mar 27 1936 M.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-26-1936

22. I HEREBY CERTIFY, That I attended deceased from

3-18, 1936, to 3-26, 1936I last saw him alive on 3-26, 1936. Death is saidto have occurred on the date stated above, at 12:40 a.m.

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

Arteriosclerosis
Septicemia & embolic pneumonia

Other contributory causes of importance: _____

Name of operation none 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? no

If so, specify _____

(Signed) Frank E. Telle, M. D.(Address) Overland Park, KansasDate of case
3-16-36

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