JUN 23 1936

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

Do not use this space.

19746

1. PLACE OF DEATH

County Jackson — Registration District No. 404

Township Washington — Primary Registration District No. 5558 — File No.

City ~~Kansas City, Mo.~~ (No. 8444, Wornall Road St. ... Ward) — Registered No. ~~49~~ 50

2. FULL NAME Alexander R. Biederman

(a) Residence, No. 4137 State Line 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? 59 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 29, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
81	8	13	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired care taker at Country Club

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): Switzerland

FATHER

13. NAME: Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT: Mrs. E. D. Swetnam
(ADDRESS) 4115 State Line

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem DATE May 14, 1936

19. UNDERTAKER: R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED May 13, 1936 Fred R. Lindsey Sub- Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to May 12, 1936

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:15 P. M.

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

Cerebral Hemorrhage — May 12th

Other contributory causes of importance:

Cerebral Sclerosis with Senile Dementia — 6 wks.

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? no

If so, specify ...

(Signed) Carl V. Lindquist, M. D.

(Address) 106 W. 14th

MARGIN RESERVED FOR BINDING

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

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 Lingwood