

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.

DEC 20 1936

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

Do not use this space.

41164

1. PLACE OF DEATH

County Jefferson
Township 2nd
City Kansas City (No. 1636 Park)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4387
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2636 Park St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF 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) unknown

7. AGE YEARS 59 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker
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) Penn

13. NAME Chris Mayer

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

15. MAIDEN NAME Louise Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, D.C.

17. INFORMANT (ADDRESS) Mrs. Cassady Mayer
2636 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 11-5-36

19. UNDERTAKER (ADDRESS) F. J. Donnell Co
3756 Broadway

20. FILED Nov 4 1936 M. H. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3, 1936

22. I HEREBY CERTIFY that I attended deceased from December 10, 1934, to Nov 3, 1936, 1936

I last saw him alive on Nov 3, 1936 Death is said to have occurred on the date stated above, at 8:30 am
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset _____

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) Gas. J. Flynn, M. D.
(Address) 402 W. 12th St.

Dr. J. H. P. G. G.