

DEC 20 1936

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

Do not use this space.

41444

1. PLACE OF DEATH

County Jackson
Township ~~Wagon~~
City Kansas City

Registration District No. 395
Primary Registration District No. 1002
(No. St Marys Hospital)

File No. _____
Registered No. 5125
St. _____ Ward _____

2. FULL NAME William A. Wessel

(a) Residence, No. 1123 West 41st Street, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Ida Wessel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21 1887</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>6</u>	DAYS <u>1</u>
If LESS than 1 day,hrs. ormin.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Switchman</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden, Missouri13. NAME Albert Wessel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know15. MAIDEN NAME - Kender16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT (ADDRESS) Mrs Ida Wessel
1123 West 41st Street18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov. 27 193619. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel
Kansas City Mo.20. FILED Nov. 24 1936 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 22 193622. I HEREBY CERTIFY, That I attended deceased from 11-10-36 to 11-22-36I last saw him alive on 11-22-36 Death is said to have occurred on the date stated above, at 44 min.

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

Coronary atherosclerosis
acute fibrous pericarditis

Date of onset

Other contributory causes of importance:

Name of physician W. M. Wessel Date of _____
What the confirmed diagnosis? Subarachnoid Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no 1936Where 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) W. M. Wessel, M. D.
(Address) 707 Argyle

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.

W. P. Miller

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Chicago Public