

JAN 19 1937

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

Do not use this space.

44670

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City No. Vinyard Park Hospital St. _____ Ward _____

File No. _____
Registered No. 5811

2. FULL NAME George Phillip Aberer
(a) Residence, No. 4744 Arapahoe St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 25 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1911
7. AGE YEARS 25 MONTHS 3 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug, 1934 to Dec 3, 1936
I last saw him alive on Dec 3, 1936 Death is said to have occurred on the date stated above, at 10:30 P.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electra Mfg. Co.
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____
Date of onset Before 1934
Chronic myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Kansas
13. NAME George Aberer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Illinois
15. MAIDEN NAME Rosalie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

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 _____

17. INFORMANT George Aberer (ADDRESS) 4744 Arapahoe
18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee, Ks. DATE Dec. 7, 1936
19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas
20. FILED Dec 4 3 36 P. M. Brown Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John Sheldon, M. D.
(Address) 1717 W. 39th

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

