JAN 19 1937

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

Do not use this space.

18

44739

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 5318
City KC Mo (No. , Fairmount Hosp. St. Ward)

2. FULL NAME David Posteh
(a) Residence, No. 1414 E 27 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 / 1936

7. AGE YEARS No MONTHS Nov DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) K. C. M

FATHER
13. NAME Max McClung
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WARSAW Mo.

MOTHER
15. MAIDEN NAME Rose Lee Posteh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WARSAW Mo

17. INFORMANT (ADDRESS) Fairmount Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill DATE Dec. 10, 1936

19. UNDERTAKER (ADDRESS) Doehler A. P. 1415 East 15

20. FILED 12-9, 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936, to Dec 5, 1936
I last saw him alive on Dec 5, 1936 Death is said to have occurred on the date stated above, at 10.05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
malnutrition	

Other contributory causes of importance:

159

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) Fred D. Kyger, M. D.
(Address) K C Mo

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.