

MAR 13 1937

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

Do not use this space.

6659

1048

1. PLACE OF DEATH

County JacksonRegistration District No. 399

Township

Primary Registration District No. 1002City Kansas City(No. Trinity Lutheran Hospital)

File No.

Registered No.

St.

Ward)

2. FULL NAME Henry Stelling(a) Residence, No. 4115 Forest

(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Stelling6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1866

7. AGE - YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meats10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bremen
(STATE OR COUNTRY) Germany13. NAME -----Stelling14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Mrs. Mary Stelling
(ADDRESS) 4115 Forest18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Mar. 1 193719. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas20. FILED 2-27-37 M. M. Crawford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 20, 1936, to February 26, 1937I last saw him alive on February 26, 1937. Death is saidto have occurred on the date stated above, at 6:30 a.m.

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

Carcinoma of the mandible (Primary)

Date of onset June 1936

Other contributory causes of importance:

Carcinomatous infiltration of the skull

Date of onset Sept. 1936

Name of operation Resection Date of June 1936What test confirmed diagnosis? Histology Was there an autopsy? Yes

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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Graham Asher, M. D.(Address) 1220 Professional Bldg.

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.

