

APR 8 1937

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

Do not use this space.

9358

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 4320)

Registration District No. 399
Primary Registration District No. 1002
St. Bell (Ward)

File No. _____
Registered No. 1073

2. FULL NAME Emil Liedtke

(a) Residence, No. 4320 Bell St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Illinois

FATHER
13. NAME Charles Liedtke

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

MOTHER
15. MAIDEN NAME Wm. Egeloff

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

17. INFORMANT Mrs. Elizabeth Liedtke
(ADDRESS) 4320 Bell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glasco, Ks. DATE Mar. 3, 1937

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED 3/11 1937 M. M. Morone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1937 to Feb. 27, 1937
I last saw him alive on Feb. 27, 1937 Death is said to have occurred on the date stated above, at 7 P. M.

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

Hypertrophy of left ventricle followed by coronary thrombosis
Date of onset 9/12
Other contributory causes of importance: Severe Bronchitis

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? Yes
If so, specify E. H. Feibinger M. D.
(Signed) E. H. Feibinger
(Address) 715-14 Maple 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.

Dr. C. C. C. C.
Angie & Billy -
10:30 - 8:00