

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.

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

Do not use this space.

APR 8 1937

1. PLACE OF DEATH

County Jackson
Township 2 Kaw
City K. E. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. Northeast Hosp.)

File No. 9363
Registered No. 1078
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Gardner & Hopkinson 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 Belgium 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-1915
7. AGE YEARS 22 MONTHS 1 DAYS 1 day If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Kansas City Mo.

13. NAME Chas. Regelbrugge

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

15. MAIDEN NAME Louise Bence

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

17. INFORMANT Charles Regelbrugge (ADDRESS) 1125 So 40th K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Ch. DATE Mar. 2, 1937

19. UNDERTAKER (ADDRESS) St. Marys 1404 So 37th K.C.Mo.

20. FILED 2/1 1937 M.M. Crowe 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 Feb. 16, 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 3:45 m.

The principal cause of death and related causes of importance were as follows:
Septic S. Funct. Insufficitia with septic embolism. Date of onset Feb 16-27

Other contributory causes of importance: influenza

Name of operation septic drainage Date of 2-18-37
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Edw. Van Jones M. D.
(Address) 2916 Summit

