

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.

MAY 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Jean Primary Registration District No. 1002  
City Kansas City (No. K.C. Gen Hosp)

File No. 15271  
Registered No. 1812  
St. 1812 Ward

2. FULL NAME

Andy Weissenfluh  
(a) Residence, No. 25152 14 St., 14 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 22 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1866

7. AGE YEARS 70 MONTHS 8 DAYS 8 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1937, to 4-14, 1937

I last saw him alive on 4-14, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:  
Past operative amputation of right leg. Due to arterio-sclerotic gangrene. Venous thrombosis. Pulmonary embolism.

Other contributory causes of importance: 99

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME Andrew Weissenfluh

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

15. MAIDEN NAME Ely Keller

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

17. INFORMANT (ADDRESS) Deputy Clerk K.C. Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4-16-37

19. UNDERTAKER (ADDRESS) Quirk and Tobin 20 W. Broadway

20. FILED 4-16, 1937 M. M. Crowe Registrar.

Name of operation Amputation Date of

What test confirmed diagnosis? 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) P. H. De Marco, M. D.  
(Address) Sup't K.C. Gen Hosp

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