

JUN 12 1937

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

Do not use this space.

18857

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 57321
Township Kaw Primary Registration District No. 1002 Registered No. 57321
City Kansas City (No. St. Marys Hospital) 1002 St. 2 Ward

2. FULL NAME Alfred Ernest Andrist

(a) Residence, No. 206 N. Valley K. C. Kans. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1865

7. AGE YEARS 71 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired night watchman - Griffin

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheel Wks.

10. Date deceased last worked at this occupation (month and year) Sept - 1935 11. Total time (years) spent in this occupation 20

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

13. NAME Charles Andrist

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

15. MAIDEN NAME Louisa Ritter

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

17. INFORMANT Mrs. Celia Andrist (ADDRESS) 206 North Valley, K. C. Ks.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 5/3/37

19. UNDERTAKER Geo. H. Long (ADDRESS) Kansas City, Kansas

20. FILED May 3 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 9/8, 1935 to 4/30, 1937
I last saw him alive on 4/20, 1937. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Pulmonary Edema Date of onset 2 hrs

122a

Other contributory causes of importance: Strangulated hernia 2 hrs.

Name of operation Herniotomy Date of 4/30/37
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? No
If so, specify
(Signature) [Signature], M. D.
(Address) K. C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township K. C. Mo.

Primary Registration District No. 1002

City K. C. Mo. (No.)

File No. 18857

Registered No. 2071

St. Ward)

2. FULL NAME Alfred Ernest Andrist

(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-----------|----------|----------|--|
| | <u>71</u> | <u>7</u> | <u>5</u> | |

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 3 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the stated above, at m.

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

Date of onset

Other contributory causes of importance:

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 F. A. Herabend M. D.

(Signed) F. A. Herabend M. D.
(Address) K 6 Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every year or 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.

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