JUN 12 1937

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

395

Do not use this space.

18873

File No.

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 1002

Township — Primary Registration District No.

City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME J. Wesley Stuessi

(a) Residence, No. 5801 Outlook St., Ward. Johnson Co Kans
(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 Ida L. Stuessi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1869

7. AGE: Years 68 — Months 4 — Days 0 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crooks Tinder Ware House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9

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

FATHER

13. NAME Jacob L. Stuessi

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

MOTHER

15. MAIDEN NAME Barbara Romann

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

17. INFORMANT (ADDRESS) Warren Stuessi 5801 Outlook

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 5-3 1937

19. UNDERTAKER (ADDRESS) Hilzer & Son K. C. Kans.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28th, 1937, to May 1, 1937

I last saw him alive on May 1, 1937, 19... Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Lobar Pneumonia	

(108)

Other contributory causes of importance:

Name of operation ... 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? No

If so, specify

(Signed) K. W. Carlaugh, M. D.

(Address) Overland Park, Kans.

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