

SEP 21 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. 99 002
Township Raw Primary Registration District No. 002
City Kansas City (No. 5014 Euclid)

File No. 29745
Registered No. 29745 Ward 80

2. FULL NAME

Leslie R. Guerhart
(a) Residence, No. 4015 Euclid St., Ward.

(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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 57 5 24

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

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.

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

MOTHER FATHER 13. NAME Wm D. Guerhart

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

15. MAIDEN NAME Laura J. Young

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

17. INFORMANT (ADDRESS) Camille Guerhart

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug 16 1937

19. UNDERTAKER (ADDRESS) By Law Funeral Home

20. FILED 8-14 1937 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/14/37

22. I HEREBY CERTIFY, That I attended deceased from 9:30 to 10:00, 1937

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, 6:57 a.m.

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

Chronic occlusion of coronary arteries
Chronic fibrous myocarditis

Other contributory causes of importance:

Name of operation 93c Date of..... 4

What test confirmed diagnosis Autopsy 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 to organ related to occupation of deceased?....., specify.....

(Signed) [Signature], M. D.

(Address) [Signature]

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 2-28-36 I X931A

