

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship KawCity Kansas CityRegistration District No. 399Primary Registration District No. 1002(No. 319 Clinton Place)File No. 33333Registered No. 3778

St. _____ Ward _____

2. FULL NAME Michael James Hrencher(a) Residence, No. 319 Clinton Place 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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.8288. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Child9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kansas CityMO

13. NAME

Leo V. Hrencher14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Emporia, Kansas

15. MAIDEN NAME

Nola Euler16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Stanton, Nebraska

17. INFORMANT

Leo V. Hrencher

(ADDRESS)

319 Clinton Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. MarysDATE 9/18/37

1937

19. UNDERTAKER

(ADDRESS)

Quirk & Tobin Company20 W. Linwood

20. FILED

Sept 18 37 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from

9/15, 1937 to 9/16, 1937
I last saw him alive on 9/15, 1937 Death is saidto have occurred on the date stated above, at 7 P. m.

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

Bronchial Pneumonia
Date of onset 9/16/37

Other contributory causes of importance:

poor nutritionName of operation ✓

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? no23. 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) D. W. Russell

M. D.

(Address) 3231 8-11 St.

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.

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