

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 Jackson 2 Registration District No. _____
Township 1st Primary Registration District No. _____
City Kansas City (No. St. Mary's Hospital) Registered No. 33475
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Pittsburg 1/2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 9-16- 1937, to 9-29- 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1878

I last saw him alive on 9-29- 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

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

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. K. B. S. Ry
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Relational congenital Septic Kidneys Multiple cysts of liver

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

Other contributory causes of importance: Uremia 125 B

13. NAME Frank Hall

Name of operation _____ Date of _____
What test confirmed diagnosis autopsy Was there an autopsy yes

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

15. MAIDEN NAME Rosa Troch

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs Maude Hall Pittsburg, Kans

Manner of injury ?
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg, Miss DATE 9-29-37 19 _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

19. UNDERTAKER (ADDRESS) Freeman Mortuary K. B. S. Ry

(Signed) J. H. Muller M. D.

20. FILED 9/29 1937 M. M. Crowe Registrar.

(Address) J. H. Muller

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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