NOV 18 1937

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

Do not use this space.

36762

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 36762

Township Kaw — Primary Registration District No. 1002 — Registered No. 4191

City Kansas City (No. 3719 Park St. Ward)

2. FULL NAME [illegible]

(a) Residence, No. 701 Cherry St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Caroline Berger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No Record

7. AGE: YEARS 49 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: P W A Worker
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): Germany

FATHER

13. NAME: No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Caroline Berger, 701 Cherry

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Calvary DATE 9/21/37

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co., Kansas City, Mo.

20. FILED 10-19 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-18-37, 19

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

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

Deputy Coroner

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

Fracture Dislocation of Neck
Fracture of Skull

Date of onset

Other contributory causes of importance:

1860

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-18-37, 19

Where did injury occur? K C Mo 3719 Park (Specify city or town, county, and State)

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

Manner of injury Fall from Tree

Nature of injury Fract of Neck & Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell W Kent, M. D.

(Address) K C Mo

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.