

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St. Regis Hotel)

Registration District No. 399
Primary Registration District No. 1002

File No. 36805
Registered No. 6085
St. _____ Ward _____

2. FULL NAME Thomas J. Metzger

(a) Residence, No. St. Regis Hotel 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mildred Metzger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 5 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn Car Co.
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.

FATHER 13. NAME Albert J. Metzger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Nora Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Mildred Metzger
(ADDRESS) St. Regis hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Apple Hill DATE 10/23/37, 1937

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

20. FILED Oct 21, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20/37, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 1937, to _____, 1937.

I last saw him _____ alive on _____, 1937. Death is said to have occurred on the date stated above, _____ m.

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

Acute alcoholism - Date of onset _____

Other contributory causes of importance: _____

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

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) [Signature], M. D.
(Address) _____

WHILE PRINTING, WITH UNFOLDING TABS--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.

