

**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. 399
 Township Raw Primary Registration District No. 1002
 City K-6 Mo. (No. St. Marys Hospital)
 File No. 40123
 Registered No. 4437
 St. _____ Ward _____

2. FULL NAME (not named) Interseimer
 (a) Residence, No. 2917 Wyandotte 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-37
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or _____ min.
12 mo _____ _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
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)) St. Marys hospital Kansas City mo
FATHER
13. NAME Arthur Interseimer
14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) Old Appleton mo.
MOTHER
15. MAIDEN NAME Theresa Dorothy Riles
16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) Denver Colorado
17. INFORMANT Arthur A. Interseimer
 (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Marys hospital DATE 11-4-37
19. UNDERTAKER John Sheehan
 (ADDRESS) Rivers City Missouri
20. FILED Nov 4 1937 M. J. Enos
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3 1937
22. I HEREBY CERTIFY That I attended deceased from November 3 1937 to November 3 1937.
 I last saw him alive on November 3 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Asphyxia
1618
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
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 in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Harry L. Cohen M. D.
 (Address) 1618 Professional Bldg

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

