

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. State Hospital # 2)Registration District No. 85 1
Primary Registration District No. 100File No. 40746
Registered No. 1303
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 4117 Walnut St. St. _____ Ward Kansas City, Mo.
(Usual place of abode) Kan. City, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Hecht Markt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1861</u>		
7. AGE	YEARS	MONTHS
<u>5</u>	<u>75</u>	<u>11</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>Grocery + meats</u>		
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) <u>Germany</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Hospital Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City, Mo</u> DATE <u>11-28-37</u>		
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 West 24th St. S. E. Mo</u>		
20. FILED <u>Nov 28, 1937</u> <u>A. G. Neff</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 27</u> , 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 28</u> , 19 <u>37</u> , to <u>Nov 27</u> , 19 <u>37</u> I last saw him alive on <u>Nov. 26</u> , 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>4:05 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Erysipelas</u> <u>Broncho pneumonia</u> Date of onset <u>Nov 27</u>
Other contributory causes of importance: <u>Nov 26</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? <u>Culture</u> Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify _____ (Signed) <u>A. Kuhlman</u> M. D. (Address) <u>State Hosp. No 2</u>

WRITE PLAINLY WITH UNFADING INK---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.

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

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