

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

Do not use this space.

26531

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kau Primary Registration District No. 1002
City Kansas City (No. Westly Hospital)

File No. _____
Registered No. 3273
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Delich No. St. Ward.

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk. 1891</u>				
7. AGE YEARS <u>42</u>	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. <u>Farmer</u>			
	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) <u>Unk., Mo.</u>				
MOTHER	13. NAME <u>Tridolin Oswald</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Stapp</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greemp. Ohio</u>			
17. INFORMANT <u>Charles Oswald</u> (ADDRESS) <u>Unk. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unk. Mo.</u> DATE <u>8/18</u> , 19 <u>33</u>				
19. UNDERTAKER <u>St. Mary Home</u> (ADDRESS) <u>3146 Main St.</u>				
20. FILED <u>8/16</u> , 19 <u>33</u> <u>M. M. Browne</u> <u>Asst. Registrar.</u>				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933 to Aug 15, 1933
Last saw him alive on Aug 13, 1933 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Rupture of abscess of lung with operation with good effect or drowned
1. Pneumothorax instituted 8/1/33
Other contributory causes of importance:
Operated for gangrene appendix 7/21/33
lung abscess present at that time
Date of operation _____
What test confirmed diagnosis? Chemo. & X-ray Had there an autopsy? no

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) R. L. Laffey, M. D.
(Address) 1103 Grand
KC Mo.

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.

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