Vw 2667

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

Do not use this space.

4960

File No. 759

Registered No. .....

1. PLACE OF DEATH

County Jackson — Registration District No. 529

Township Kansas — Primary Registration District No. A 9 0 7

City Kansas City Mo (No. Grand Ave St. ..... Ward)

2. FULL NAME Barney Nuding

(a) Residence. No. 4010 Oak St 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Nuding

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 - 1866

7. AGE: Years 60 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Mike Nuding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER " " " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " " " "
(STATE OR COUNTRY)

14. INFORMANT Mrs Elizabeth Prueher
(Address) 4010 Oak St

15. FILED 2/21 1927 M M Crane
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 — 1927

17. I HEREBY CERTIFY, That I attended deceased from 7/16/27, 19..., to 2/19/27, 19..., that I last saw h. alive on 2-19-27, 19..., and that death occurred, on the date stated above, at 9 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

516
9 S D

Malignancy of Prostate
(duration) 2 yrs. ..... mos. ..... ds.

49

CONTRIBUTORY (SECONDARY) Hypertrophy Prostate
Lobectomy Operation performed.
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? K C Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/7/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Gordon A Buck M. D

2/21, 1927 (Address) 707 Argyle Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Brookings Cemetery — DATE OF BURIAL: Feb 21 — 1927

20. UNDERTAKER: John H Wagner — ADDRESS: 1409 Grand Ave

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.

PERMANENT RECORD

Dr. Beedle 702 Argyle bldg
Vrtow 2667