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

Do not use this space.

File No. 5041
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City Mo (No. 5022 McGregor St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: William F Weber
(a) Residence. No. 5022 McGregor 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: Sophia Weber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 16 1857

7. AGE: Years 70 | Months | Days 24 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.

PARENTS
10. NAME OF FATHER: Frank Weber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Maria Duffenbach
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Sophia Weber
(Address) 5022 McGregor

15. FILED: 2/14, 1928 M. M. Crane, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Feb 10, 1928, that I last saw h. alive on Feb 10, 1928, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilation.
Pneumonia a few hours only
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Aortic Insufficiency.
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. B. Curtis, M. D.
Feb 11, 1928 (Address) Ridge Bldg. E. H. Reisinger

*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: Forest Hill Cemetery | DATE OF BURIAL: Feb 14 1928
20. UNDERTAKER: John W Weber | ADDRESS: 1409 Grand

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.

Dr Feilinger
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11th 5