

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

Do not use this space.

8975

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. Vineyard Park Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. 1147
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Alfonis Weiss
(a) Residence. No. 3743 Our St. 73 Ward. _____

(Usual place of abode) _____ (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 - 1863

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|-----------|----------|----------------------------------|
| <u>64</u> | <u>11</u> | <u>9</u> | <u>None</u> |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician for Southwestern Bell Telephone Co
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer 25 yrs

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) France

10. NAME OF FATHER

Robt Weiss

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER

Florence

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) France

14.

INFORMANT Mrs Elma Weiss
(Address) 945 State line

15.

FILED 3/14 28 M M Corvise
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 Tuesday
16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

CONTRIBUTORY (SECONDARY)

Atherosclerosis (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED OR CONSIST? Sp. Analysis

(Signed) Frank J. Gough, M.D.
3/14, 1928 (Address) Deputy Coroner

*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

Calvary

DATE OF BURIAL

3-15 1928

20. UNDERTAKER

Cayan Funeral Home 1800 Linwood

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

