

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

Do not use this space.

17051

1. PLACE OF DEATH

County Jackson Registration District No. 3405
 Township New Primary Registration District No. Wabash
 City Kansas City

File No. 1-1000
 Registered No. 1000
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3405 Wabash St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-63

7. AGE: YEARS 64 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED Police Officer
 (a) Trade, profession, or particular kind of work 30 yrs. P.O.
 (b) General nature of industry, business, or establishment in which employed (or employer) Metropolitan Police Dept.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hamburg
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Carl Paul Nissen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hamburg
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Matilda Hendrickson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Hamburg
 (STATE OR COUNTRY) Germany

14. INFORMANT P.F. Herrmann
 (Address) 2211-C-71st

15. FILED 575 28 M M Crowe
 _____ 1928 _____ REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Thursday
May 3 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 2:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sept. Hemorrhage

CONTRIBUTORY (SECONDARY) 75
 _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: Histon & interpretation
H.E. Nissen, M. D.
 _____ (Signed) _____, 1928 (Address) Cor. _____

*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 May 5 1928

20. UNDERTAKER Ogden Funeral Home ADDRESS 1800 Linwood

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Law
City Keokuk (No. 2405)

Registration District No.
Primary Registration District No. Wabash

File No.
Registered No. 2019
St. Ward

2. FULL NAME

(a) Residence. No.
(Usual place of abode) 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>63</u>	<u>11</u>	<u>18</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer) (duration) yrs. mos. ds.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT
(Address)

15.

FILED 5/5 19 28 M.M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 19 28

17. I HEREBY CERTIFY That I attended deceased from
..... 19....., 19.....
that I last saw h..... alive on 19....., and that
death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

*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 DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

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

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCASIONAL state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASIONAL is important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-17051