

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

Do not use this space.

36940

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1002

Registered No. 4589

City Kansas City, Mo.

Trinity Lutheran Hospital

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Leland Louis Wehrs

(a) Residence, No. Concordia Mo. St. \_\_\_\_\_

(Usual place of abode)

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**

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)**

Nov-8-1928

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Wheeler <sup>1606</sup>

(b) General nature of industry, business, or establishment in which employed (or employer)

Wheeler <sup>1612</sup>

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Trinity Lutheran Hosp

(STATE OR COUNTRY)

Jackson Co. Mo.

**10. NAME OF FATHER**

Harry Wehrs

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Lafayette

(STATE OR COUNTRY)

Co. Mo.

**12. MAIDEN NAME OF MOTHER**

Adele Pichepauk

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Saline Co

(STATE OR COUNTRY)

Mo.

**14.**

INFORMANT

(Address)

Harry Wehrs  
Concordia Mo

**15.**

FILED

11/14 28  
M. M. Conner  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov-11 1928

**17.** I HEREBY CERTIFY That I attended deceased from Nov-8, 1928, to Nov-11, 1928 that I last saw him alive on Nov-11, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Respiratory Failure - (Probably cerebral thrombosis)  
See accompanying note

CONTRIBUTORY (SECONDARY) 16/B  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** Ill  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

**D** DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physic  
(Signed) Ray C. Stevens M. D.  
Nov-11, 1928 (Address) 910 Reatts Bldg

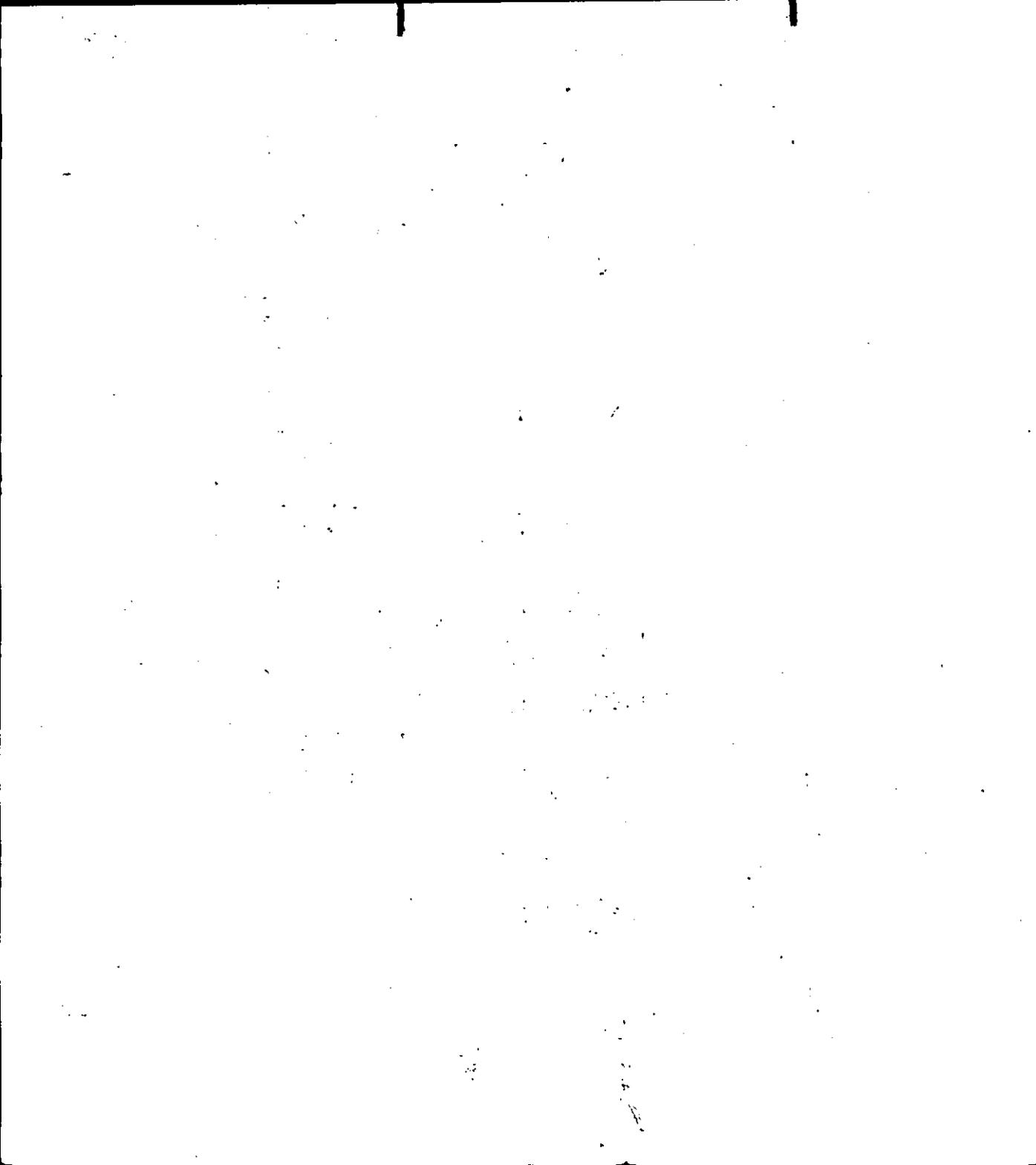
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Concordia Mo. **DATE OF BURIAL** Nov-15 1928

**20. UNDERTAKER** N. F. Dicensing Concordia Mo.  
ADDRESS \_\_\_\_\_

N. E.—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 AN PERMANENT RECORD



Additional Information . Nov-11-1928

This infant was twin No 2 delivered by Caesarian section Nov 8 1928 on acct of high grade nephritis of mother (Full Term)

This baby required resuscitation for 10 minutes and its respiration was always bad. The respiration became progressively worse, cyanosis set in & finally convulsions & death

Am U. Stevens M.D.  
910 Reeds Blf  
Kelleys

S-36940