

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

Do not use this space.

41014

1. PLACE OF DEATH

County Jackson
Township Man
City Kansas City (No. 4812 East 6th)

Registration District No. **399**

Primary Registration District No. 1002

File No. 5305
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Labrie C. Goldsnel
(a) Residence No. 4812 East 6th St. 10 Ward _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 6 4

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

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Independence Mo

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Louise Goldsnel
(Address) 4812 East 6th

15. FILED 12-24-28 W.M. Broul REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1928

17. Cerebral
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 _____, 3:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pneumonia
(Primary)

CONTRIBUTOR (SECONDARY) None
(duration) _____ yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
12-24-28 (Signed) Paul G. [unclear] M. D.
(Address) Cerebral

*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL Independence Mo DATE OF BURIAL Dec 26 1928

20. UNDERTAKER P.H. [unclear] ADDRESS Independence Mo

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

K. 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.

