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

Do not use this space.

1757

399

1002

File No. 349

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.

Township: Kaw — Primary Registration District No.

City: Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME: Billie Lee Wohlgemuth

(a) Residence. No. 419 Linwood St. Ward. 10

(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: M.

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 23 1928

7. AGE: Years — Months: 9 — Days: 29 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Kansas City

(STATE OR COUNTY): Mo

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN):

(STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Alma Wohlgemuth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):

(STATE OR COUNTRY): Mo

14. INFORMANT: Record Clerk

(Address): Mercy Hospital

15. FILED 1-23 19 29 M. M. Crosse Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-22 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-18-29, 19..., to 1-22-, 1929, that I last saw h. alive on 1-22, 1929, and that death occurred, on the date stated above, at 1:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

20A. Septic Media

8 M

150 Hemorrhagic fever

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): same.

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? At Home.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) C. F. Eldridge, M. D.

1/23, 1929 (Address) Bryant 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: Toledo

DATE OF BURIAL: 1/23 1929

20. UNDERTAKER: O'Mast

ADDRESS: K. C. Mo

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

31