

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

Do not use this space.

34640

4259

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. Trinity Hospital)

Registration District No. 355
Primary Registration District No. 1002

File No. 34640
Registered No. 4259
St. _____ Ward _____

2. FULL NAME Andrew Rydman

(a) Residence, No. Salem Home, 3008 Baltimore Ave Ward 3
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1848

7. AGE YEARS 83 MONTHS 10 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road Car Repairer
10. Date deceased last worked at this occupation month and year _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Sweden

FATHER 13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Sweden

17. INFORMANT G.H. Rydman
(ADDRESS) Omahe, Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE 10-29 19. 31

19. UNDERTAKER Freeman Mortuary
(ADDRESS) 42nd St. & Baltimore Ave.

20. FILED 10/28 1931 M. M. Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-28 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct-1 1931 to Oct-28 1931

I last saw him alive on Oct-27 1931 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Date of onset 6 days
Gangrene of Right foot

Other contributory causes of importance: Ch. Myocarditis ? ? ?

Name of operation Amputation Date of Oct-25
What test confirmed diagnosis? Operated on Was there an autopsy? No 1931

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify No
(Signed) W. A. Stevens M. D.
(Address) 6247 Brookside Blvd.

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.

