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

Do not use this space.

26148

File No. 3056
Registered No.

1. PLACE OF DEATH Veterans' Administration Hospital.
County Jackson Registration District No.
Township Cur Primary Registration District No.
City Kansas City, Mo. (No. U.S. V.A. Hospital St. Ward)

2. FULL NAME GERHARD, Ben Jerome C-1 649 734 Pvt. Co A 139th Inf.
(a) Residence, No. 123 Morse St. St., Ward.
(Usual place of abode) Bonner Springs, Kansas. (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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1898

7. AGE: Years 34 | Months 2 | 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. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Michigan

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hospital Records
(ADDRESS) 27th adn Paseo K. C. Mp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonner Springs Kansas DATE 8-8-32, 19

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED Aug 8, 1932 M. M. Emmerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 19 32

22. I HEREBY CERTIFY, That I attended deceased from July 26, 19 32 to August 7, 19 32
I last saw him alive on August 7, 19 32 Death is said to have occurred on the date stated above, at 6:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycystic kidney, bilateral with Nitrogen retention	Unknown

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Lab & Exam Was there an autopsy? No

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.

(Signed) W. E. Chambers, M. D.
(Address) W. E. CHAMBERS, Med. Officer in Charge
Vet. Adm. Hospital, Kansas City, Mo.