

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

LB 27 1934

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.

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1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 4110 Baltimore)

File No. _____
Registered No. 161
St. _____ Ward _____

2. FULL NAME Richard Straub

(a) Residence, No. 4110 Baltimore St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Straub</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4, 1844</u>		
7. AGE	YEARS	MONTHS
<u>89</u>		<u>1</u>
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Cabinet maker</u>		
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) <u>Germany</u>		
13. NAME <u>Richard Straub</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. P. P. Wadson</u> (ADDRESS) <u>4110 Baltimore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Cemetery</u> Jan <u>15, 34</u>		
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. Linwood</u>		
20. FILED <u>Jan 12, 1934</u> <u>M. M. Crowe</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 34, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1934, to Jan 12th, 1934
I last saw him alive on Jan 10th, 1934 Death is said to have occurred on the date stated above, at 1:10 P. M.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular
kidney disease
w/ chronic cough

Other contributory causes of importance:
General arterio-sclerotic

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? no
If so, specify _____
(Signed) Samuel A. [unclear] M. D.
(Address) 107 W. 9th St. [unclear]

James M. [unclear]

Argyle