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

Do not use this space.

File No. 16613

Registered No. 1367

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 3 6 0 3

City: Kansas City (No. ..., St. Luke's Hospital St. ..., Ward)

2. FULL NAME: Henry C. Alwes

(a) Residence, No. 3435 Coleman Road St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 19 1934

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~~: Marie Alwes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11, 1872

7. AGE: Years 60 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Western Typ

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Setting Co

10. Date deceased last worked at this occupation (month and year): 30

11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Henry C. Alwes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany — 10

MOTHER

15. MAIDEN NAME: Catherine Scherffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany — 10

17. INFORMANT (ADDRESS): Marie Alwes 3435 Coleman Road

18. BURIAL, CREMATION, OR REMOVAL: PLACE Maple Hill K.C.K. DATE 5/4/34, 19

19. UNDERTAKER (ADDRESS): Freeman Mortuary, Kansas City, Mo

20. FILED 5-3, 1934 — Mnenow Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2 '34, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1934, to May 1, 1934. I last saw him alive on May 1, 1934. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

	Date of onset
Cancer of Stomach	
4 yrs	

Other contributory causes of importance:

Name of operation: Exploratory Date of: 4/14/34

What test confirmed diagnosis? Clinical 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? No

If so, specify: ✓

(Signed) Owen P. McPherson, M. D.

(Address) 6 E 11 KC 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.

Waldheim Bldg