

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

Do not use this space.

**AUG 21 1936**

**26976**

**1. PLACE OF DEATH**

County Jackson Registration District No. 404  
 Township Kansas City Primary Registration District No. 5558  
 City Kansas City (No. 107 W. 80) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 61  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ralph William Fuhrman

(a) Residence, No. 107 W. 80 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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 Olga V. Fuhrman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 6 7

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

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) 6 months 11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita, Kansas

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Ralph C. Fuhrman Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Monica DATE July 14, 1936

19. UNDERTAKER (ADDRESS) Wm. W. Smith's Sons Kansas City, Mo.

20. FILED July 12, 1936 Fred R. Lindsey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1936

22. I HEREBY CERTIFY that I attended deceased from Jan 15, 1936 to July 12, 1936  
 I last saw him alive on July 12, 1936 Death is said to have occurred on the date stated above, at 7:15 A.M.  
 The principal cause of death and related causes of importance were as follows:

parvionia (Rest)  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes  
 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) J. P. Ball M. D.  
 (Address) 626 Walnut

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.

WHILE FILLING IN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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MAY 12 1948

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