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

OCT 19 1937

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 33377
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City, Mo. (No. 208 E. 34th Street St. Ward)

2. FULL NAME William Musterman
(a) Residence, No. 208 East 34th Street St., Ward. (If nonresident, give city or town and State)
(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.

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 Clara L. Musterman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13, 1873

7. AGE — YEARS: 64 — MONTHS: 5 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission Business
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) Hanover Germany

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Clara L. Musterman 208 East 34th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Sept. 23, 1937

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway

20. FILED Sept 22, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 16 September, 1937, to Sept 21st, 1937
I last saw him alive on Sept 21st, 1937. Death is said to have occurred on the date stated above, at 7:32 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy

B2a

Other contributory causes of importance:
Nephritis N. M. O

Name of operation — Date of —
What test confirmed diagnosis? Urinalysis clinical picture 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) J. Thomas Pittam, M. D.
(Address) 830 Professional Bldg

Dr. Thomas Pittam
Professional Bldg.

10-4

[illegible]