

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

Do not use this space.

34799

REC'D NOV 21 1938

1. PLACE OF DEATH

County Jackson
Township Kass
City Kansas City (No. Northwest Hospital)

Registration District No. 399

File No. 4135

Primary Registration District No. 1002

Registered No. (unnamed) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3512 McKelton St., Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 1

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

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) KC Mo

13. NAME William Robert Filger

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

15. MAIDEN NAME Mary Catherine Woodworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT William R. Filger (ADDRESS) 3512 McKelton St. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE German Cem (Parkville) Oct 26/38

19. UNDERTAKER (ADDRESS) Merston Funeral Home
no Kansas City Mo

20. FILED 10-24 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1938 to Oct 23, 1938

I last saw h. e. alive on Oct 23, 1938 Death is said to have occurred on the date stated above, at 10:30 m.

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

patent foramen ovale of heart
157c

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? post 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? 3

If so, specify _____

(Signed) Mellie B. Ford

(Address) 2914 Water St

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.

