JAN 23 1936

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

Do not use this space.

39856

File No. 5003

Registered No.

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Grant Primary Registration District No. 1002
City Kansas City (No. K.C. Gen Hosp St. Ward)

2. FULL NAME Charles Siebert

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

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M. | W. | Divorced |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1900

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 35 | 3 | 6 | |

OCCUPATION

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

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) Mo

FATHER
13. NAME George Siebert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Stella Work
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Recd Clerk K C Gen Hosp K C Mo

18. BURIAL, CREMATION, OR REMOVAL. PLACE California Mo DATE 1-1 1936

19. UNDERTAKER Peter B. Lapelina
(ADDRESS) K C Mo

20. FILED Dec 31 1935 M. M. Brown
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1935 to 12-31, 1935
I last saw h alive on 12-31, 1935 Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| Congestion of Lungs | |
| (Frozen Feet) | |

Other contributory causes of importance:
Fatty Degeneration of Heart

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) W. C. Stanley, M. D.
(Address) Supt K C Gen Hosp K C 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.