

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

PLACE OF DEATH
County Jackson
Township _____
or
Village _____
or
City Kansas City (NO. St. Mary's Hospital St. Ward)

Registration District No. 3991 File No. 13669
Primary Registration District No. 1002 Registered No. 1453

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Henry Gething

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWER OR DIVORCED (Write the word)

DATE OF DEATH April 18, 1912
(Month) (Day) (Year)

DATE OF BIRTH Jan. 24, 1881
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 15, 1912, to Apr 18th, 1912, that I last saw him alive on Apr 18th, 1912, and that death occurred, on the date stated above, at 1:30 p.m.

AGE 31 yrs. 2 mos. 26 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Ball Player
(b) General nature of industry, business, or establishment in which employed (or employer) American Association

Uræmia
133 R
133 R
(Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) St. Paul, Minn

NAME OF FATHER John Gething

Contributory (SECONDARY) Peperitis
(Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Switzerland

MAIDEN NAME OF MOTHER Anna Minn

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Switzerland

(Signed) O. J. Cunningham, M. D.
Apr. 18, 1912 (Address) 1111 Peperito Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. 9 ds. In the State ___ yrs. 1 mos. 8 ds.

(Informant) Harry Welch

Where was disease contracted if not at place of death? _____

(ADDRESS) Peunmore hotel

Former or usual residence Osman Hotel

APR 18 1912
Filed _____ 1912

PLACE OF BURIAL OR REMOVAL St. Paul, Minn DATE OF BURIAL 4/18/1912

UNDERTAKER Wm. Marshall ADDRESS 3146 main st.

REGISTRAR