

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

Do not use this space.

40717

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City Mo (No. 8100 Independence Rd)

Registration District No. 399  
Primary Registration District No. 1002

File No. 3092  
Registered No. 3092  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Louise Flecht  
(a) Residence No. Dighton Okla St. 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) deceased

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 - 1866

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hr. or _____ min.
	<u>62</u>		<u>12</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Klingler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER ant Kinnor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Herman Flecht  
(Address) Okmulgee Okla

15. FILED 7/13, 1928 M. M. Crowe REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Dec 12, 1928, that I last saw him alive on Dec 12, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

108  
111A Lobar Pneumonia  
84 Pulmonary Oedema  
(duration) yrs. mos. 2 ds.  
CONTRIBUTORY Melancholia  
(SECONDARY) (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Did an operation precede death? no DATE OF \_\_\_\_\_

Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms  
(Signed) Lawrence Johnson, M. D.

(Address) 8100 Independence Road

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Okmulgee Okla Dec 13 1928

20. UNDERTAKER ADDRESS  
John W. Wagner 1409 Grand Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

