

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. Research Hospital)

File No. 5348990  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alfred H. Fieth

(a) Residence, No. 3425 Locust St. 6 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Fieth</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 27, 1898</u>				
7. AGE	YEARS <u>31</u>	MONTHS <u>3</u>	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mfg.</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 19 29

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 19 29 to Dec. 28, 19 29 that I last saw h. alive on Dec. 28, 1929, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberc Pneumonia

108  
\_\_\_\_\_ (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY)

\_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) Abraham Saphra, M. D.

Dec 30, 19 29 (Address) 702 Argyle

\*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

Higginsville, Mo. Dec. 31, 1929

20. UNDERTAKER

ADDRESS 3225

Stuart Mc Cleve William Plag

14. INFORMANT Charles Fieth  
(Address) 1218 W. 61st

15. FILED 1/31, 19 29 M M Crow  
asst REGISTRAR

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.

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

Dr. A. Sophia 702  
702 Argyle Bldg.  
VI-1311

12:30-3:30

3-11-42