

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

Do not use this space.

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879

**1. PLACE OF DEATH**

County Jackson

Registration District No. 2399

Township Kaw

Primary Registration District No. 1

City Kansas City (No. Indep. Ave. & Belt Line)

File No. 879

Registered No. 879

St. Mo. Ward 1

**2. FULL NAME**

Unidentified Man

(a) Residence. No. Unknown St. Mo. Ward 1

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unknown

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1929 to 1930

that I last saw him alive on 1930, and that death occurred, on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 50

Accidental Rail  
Fracture - 1st Cervical  
year  
..... (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Unknown (b) General nature of industry, business, or establishment in which employed (or employer) Unknown (c) Name of employer Unknown

CONTRIBUTORY (SECONDARY) 207M (duration) yrs. mos. ds. 18 24 3

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Unknown

10. NAME OF FATHER Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF Unknown

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

WAS THERE AN AUTOPSY? Yes

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS Autopsy of fracture  
(Signed) Henry M. Hall M. D.

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

1/19 1930 (Address) Deputy Coroner

14. INFORMANT (Address) J.P. Louis, Undertaker

\*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.

15. FILED 25 1930 M. M. Crowe REGISTRAR Assr

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sheffield Cemetary DATE OF BURIAL Feb. 25 1930

20. UNDERTAKER J.P. Louis Funeral Director, City. ADDRESS City.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

521A

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Law Primary Registration District No. 1002 Registered No. 879  
 City K. C. Mo. (No. Indep. Ave + Bell Lane) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 137 N. White 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 19 - 1930

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

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 65 yrs

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer - Dairy (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (b) General nature of industry, business, or establishment in which employed (or employer) Saunders Dairy (c) Name of employer \_\_\_\_\_

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

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: \_\_\_\_\_

10. NAME OF FATHER Joe Friede

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

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

WAS THERE AN AUTOPSY? ✓

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.

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

, 19 (Address)

\*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.

14. INFORMANT Mrs Emma Friede (Address) 137 N. White K.C. Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys DATE OF BURIAL 3/1 1930

15. FILED 7.25.30 M. M. Crowe REGISTRAR Asst

20. UNDERTAKER Rose + Henderson ADDRESS K.C. Mo.

**SUPPLEMENTARY**

CAUSE OF DEATH. If plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. NOT RECEIVE A FEE FOR CERTIFICATES UNTIL REGISTERED. PHYSICIANS should file.

On Feb 19 - 1930 - an unidentified man was found dead at 7th Ave & Belt Line he was buried by the J O Louis Funeral home in Sheffield Cemetery since that time I have identified this man as Frank Frede at 137 North White Ave K.C. Mo. I am his wife, and my name is Mrs Emma Frede he was then buried by Rose & Henderson Undertakers on Mar 1 - 1930. in St Marys Cemetery

REGISTERED  
APR 15 1930  
THE STATE BOARD OF HEALTH  
OF MISSOURI

Mrs Emma Frede  
137 North White Ave  
Kansas City Mo

My Commission Expires Dec. 31, 1932

Kathryn Kelley  
Notary Public

**MISSOURI STATE BOARD OF HEALTH  
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No. 399 File No. ....  
 Township..... Primary Registration District No. 1002 Registered No. 879  
 City X City (No. ....) St. .... Ward)

**2. FULL NAME** Unidentified man

(a) Residence. No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unk

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work
- (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 7/25-30 S.M.M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/19 19 30

17. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19... and that I last saw him alive on ..... 19... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Accidental rail transportation (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) No automobile involved (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, 1850W

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry M. Hagg, M. D. 19 (Address) W. J. Crown

\*State the DISEASE CAUSING DEATH, or if 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

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY