

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

Do not use this space.

25271

1. PLACE OF DEATH

County Jackson Registration District No. 332
 Township Raw Primary Registration District No. 3130
 City Kansas City (No. 4016, Hyde Park ave. St. 3272 Ward)

2. FULL NAME

Mrs. Fredericks D. Fehr
 (a) Residence, No. 4016 Hyde Park St. 7 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 44 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 3 26

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

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) Germany

MOTHER FATHER 13. NAME Fred W. Herstedt

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

15. MAIDEN NAME Mrs. Fehard

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

17. INFORMANT Mrs. Annie Pelich (ADDRESS) 4016 Hyde Park Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 31, 1931

19. UNDERTAKER O. W. Newcomer's Sons (ADDRESS) 2111 East 9th St.

20. FILED 7/30 1931 M. M. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1931

22. I HEREBY CERTIFY, that I attended deceased from July 21, 1931, to July 30, 1931. I last saw him alive on July 29, 1931. Death is said to have occurred on the date stated above, at 4:15 A. m.

The principal cause of death and related causes of importance were as follows:

acute mechanical
intestinal obstruction
1228
162
 Other contributory causes of importance: senility

Name of operation no Date of no
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19no
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Albert S. Walsh, M. D.
 (Address) 835 Rioanto Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNATURES CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Albert J. Mohr
835 - Route to Bell
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