

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

Do not use this space.

34348

**1. PLACE OF DEATH**

County... Jackson  
Township... Kaw  
City... Kansas City

Registration District No. 798  
Primary Registration District No. 798  
(No. Research Hospital)

File No. \_\_\_\_\_  
Registered No. 4061  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Samuel R. Freet  
(a) Residence, No. 610 West 61st St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF \_\_\_\_\_ (or) WIFE OF Mrs. Gertrude Freet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46 9 7

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Slater  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER David S. Freet

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

12. MAIDEN NAME OF MOTHER Sarah E. Quisenberry

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

14. INFORMANT Mrs. Gertrude Freet  
(Address) 610 West 61st St.

15. FILED 10/5/31 M. M. Grove REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1930 1931 to Oct 4 1931 that I last saw him alive on Oct 4 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Coronary Artery  
51A 51B  
49B  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) metastatic carcinoma  
pancreas (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH, \_\_\_\_\_ DATE OF Sept 14/30

WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS Autopsy, Lab.  
(Signed) James O'Neal M. D.

\*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 Mt. Moriah DATE OF BURIAL 10-7 1931

20. UNDERTAKER Freeman Mortuary ADDRESS K. C. Mo

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

