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.

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

Do not use this space.

40963

1. PLACE OF DEATH

County Jackson — Registration District No. 336 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1051

City Kansas City (No. (Lasalle Hotel) Linwood + Harrison St. Ward)

2. FULL NAME Henry Frederick Dietz

(a) Residence, No. 1401 East 76 St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Helen L. Dietz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27-1895

7. AGE: YEARS 36 — MONTHS 5 — DAYS 16 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant
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): Indianapolis Ind

FATHER

13. NAME: Theo A. Dietz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianapolis Ind

MOTHER

15. MAIDEN NAME: Barbra M. Spousel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianapolis Ind

17. INFORMANT (ADDRESS): Helen L. Dietz 1401 E. 76

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Indianapolis Ind. DATE: 12-13 1931

19. UNDERTAKER (ADDRESS): Stine & McClure K.C. Mo

20. FILED: 12/13, 1931 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-11, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

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

Suicide, Lysol, a poison.

Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: Autopsy Was there an autopsy: yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Stanley M. Hall, M. D.

(Address) Deputy Coroner