

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.

41177

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 385

Primary Registration District No. 1007

(No. 319 W. 9th)

File No. 5100

Registered No. 5100

St. _____ Ward _____

2. FULL NAME James Fetterling

(a) Residence, No. 1608 Poplar

(Usual place of abode)

St. 12

Ward _____

(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

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

Ada B. Fetterling

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

June 9, 1864.

7. AGE

YEARS
67

MONTHS
6

DAYS
29

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Elevator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

operator

10. Date deceased last worked at this occupation (month and year) Dec. 28, 1931

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Henry Fetterling

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

Maryland

MOTHER

15. MAIDEN NAME

Hannah Oliphant

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

Tenn

17. INFORMANT (ADDRESS)

Mrs. Mary Bratton
1608 Poplar

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Koriah

DATE 12-30-31

19. UNDERTAKER (ADDRESS)

J. P. Louis Funeral Home
Kansas City, Mo.

20. FILED

1/30

1931

M. M. Crowe
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-1931

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:

Chronic myocarditis (Date of onset _____)

Other contributory causes of importance:

arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _____

(Address) _____

