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

Do not use this space.

12770

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1711

Township Kaw — Primary Registration District No. 1002 — Registered No. 1711

City Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME EDwin A. Frad

(a) Residence, No. Hotel Jawhawk Topeka Kansas 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6, 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 111

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1[illegible]

10. Date deceased last worked at this occupation (month and year) 1[illegible]

11. Total time (years) spent in this occupation 1[illegible]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterville Kansas 1[illegible]

FATHER

13. NAME John Flad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 11

MOTHER

15. MAIDEN NAME Elizabeth Snell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alscas France 9

17. INFORMANT (ADDRESS) G. W. Flad 312 Elmwood Topeka Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka Kansas DATE April 25, 32

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 4/25, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to April 25, 1972

I last saw her alive on 25, 1972 Death is said to have occurred on the date stated above, at 1450 m.

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

Bronchectasis + Purulent Bronchitis 109 (1)

Other contributory causes of importance: Bronchial asthma. Chronic Bronchitis. Emphysema

Date of onset

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) Donald R. Black, M. D.

(Address) 924 Pay Bldg 1 Cane

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

RESERVED FOR BINDING

No. 2.

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.