

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

Do not use this space.

36442

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 2910 Belleview

File No. \_\_\_\_\_  
Registered No. 4354  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Henry Alfes

(a) Residence, No. 2910 Belleview 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 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. Frankie Alfes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1878

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
55	4	17	

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

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) New York

13. NAME Joseph Alfes

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

15. MAIDEN NAME Elizabeth Miller

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

17. INFORMANT Mrs. Frankie Alfes  
(ADDRESS) 2910 Belleview

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Nov 8 1933

19. UNDERTAKER Quirk & Tobin Co.  
(ADDRESS) 20 West Linwood

20. FILED Nov 7 1933 M. M. Crowe  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933, to Nov. 5, 1933.  
I last saw him alive on Nov 5, 1933. Death is said to have occurred on the date stated above, at 9 A M.

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

Coronary Occlusion Thrombosis  
Anginal Pectoris

Other contributory causes of importance:

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? Y  
If so, specify \_\_\_\_\_  
(Signed) Adam C. Casper, M. D.  
(Address) 1722 W. 39th St.

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.

