

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.

MAY 25 1934

13073

1. PLACE OF DEATH

County Jackson Registration District No. 306
Township Kearney Primary Registration District No. 102
City Kansas City (No. Mercy Hospital) St. Mo. Ward 02

2. FULL NAME Fred Kaiser, Jr.

(a) Residence, No. 1605 Harris St., Mo. Ward. 02
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 - 1933

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
8 7

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

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) Independence Missouri

13. NAME Fred Kaiser, Sr.

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

15. MAIDEN NAME Mildred McBeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT Fred Kaiser, Sr.
(ADDRESS) 1605 Harris Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem DATE Apr 24 1934

19. UNDERTAKER George C. Larson
(ADDRESS) Independence Mo.

20. FILED Apr 24 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22 1934

22. I HEREBY CERTIFY, that I attended deceased from 4-21, 1934, to 4-22, 1934

I last saw h. um. alive on 4-22, 1934 Death is said

to have occurred on the date stated above, at 4:20 p.m.

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

Intestinal Obstruction (Intussusception) Date of onset 4-21-34

Other contributory causes of importance: Acute peritonitis

Name of operation Reduction of Obstruction Date of 4-22-34

What test confirmed diagnosis? 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? No

If so, specify (Signed) Carl Valzer M. D.

(Address) 1316 P. J. Bldg. KC Mo

