

AUG 20 1935

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

Do not use this space.

22988

2124

## 1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Ray Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 1109 Bales) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME Mrs. Hanna Friedrich

(a) Residence, No. 1109 Bales St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Phipp Friedrich</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 5th, 1867</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>8</u>	<u>28</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Ireland</u>				
FATHER	13. NAME <u>No Data</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>			
MOTHER	15. MAIDEN NAME <u>No Data</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>			
17. INFORMANT <u>Mrs. Leo Kenalley</u> (ADDRESS) <u>1109 Bales</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary's Cem.</u> DATE <u>7/6/35</u> 19__				
19. UNDERTAKER <u>P. Mayberry</u> (ADDRESS) <u>City</u>				
20. FILED <u>July 6</u> 19 <u>35</u> <u>M. M. Brown</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4th. 193522. I HEREBY CERTIFY, That I attended deceased from July 2 1935 to July 4 1935I last saw her alive on July 3 1935. Death is said to have occurred on the date stated above, 3:27AM.

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

Broncho-Pneumonia Date of onset 6-28-35

Other contributory causes of importance:

Cerebral Hemorrhage 7-1-35Cerebral Hemorrhage 1-1-35Name of operation None 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? no

If so, specify \_\_\_\_\_

(Signed) W. R. Foster \_\_\_\_\_, M. D.(Address) 1529 Lillian Av.

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.

B2.M.R. 4/10/57  
1529 4/10/57  
B2 2865