

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

Do not use this space.

NOV 21 1935

32826

1. PLACE OF DEATH

County Jackson Registration District No. 887
Township Keokuk Primary Registration District No. 102
City Kansas City (No. K C Gen Hosp) St. Mo Ward

File No. 10715
Registered No. 10715 St. Mo Ward

2. FULL NAME

(a) Residence, No. 3112 352 St. Mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 1917</u>		
7. AGE	YEARS <u>18</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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>Ind</u>		
MOTHER	13. NAME <u>Henny Friesie</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
	15. MAIDEN NAME <u>Alta Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
17. INFORMANT (ADDRESS) <u>Henry Friesie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookly Cem</u> DATE <u>Oct 22 1935</u>		
19. UNDERTAKER (ADDRESS) <u>A. P. Doehler</u>		
20. FILED <u>10-21</u> <u>H. M. M. Crowe, asst</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-28 1935 to 10-20 1935
I last saw de alive on 20-20 1935 Death is said to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of wavy with generalized metastasis Date of onset

Other contributory causes of importance:
WA

Name of operation _____ Date of _____
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?
If so, specify _____
(Signed) H. De Munn, M. D.
(Address) Asst Supt K C Gen Hosp
K C Mo

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.

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

