

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Prav Primary Registration District No. 1002
City Kansas City (No. K.C. Gen. Hosp)

File No. 1365
Registered No. 718
St. _____ Ward _____

2. FULL NAME

Fred Reichardt
(a) Residence, No. 2508 Bales St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 8 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minister
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) Germany
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT De Witt Clark
(ADDRESS) K.C. Gen. Hosp
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan-16-36
19. UNDERTAKER Mrs. G. L. Foster
(ADDRESS) 918 Broadway, W.V.
20. FILED Jan 17 1936 M. M. Carow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1936
22. I HEREBY CERTIFY, That I attended deceased from 1-1 1936 to 1-14 1936
I last saw him alive on 1-14 1936 Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

Acute cellulitis abum- Date of onset
malvace Acute Pericarditis
lent capitis; Pericardial Hypertrophy
Other contributory causes of importance:
Chronic Pericarditis

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) J. H. Gurnea, M. D.
(Address) K.C. Gen. Hosp

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

