

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. WHITE PEARL, WITH OUTFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

**APR 23 1936**

10596

**1. PLACE OF DEATH**

County Jackson  
Township Keosau  
City Kansas City (No. 12 C General Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1650  
St. 1200 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 439 Skiles St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agness</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17-1884</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>9</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Barber</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)  
Keosau

13. NAME  
John Friesner

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

15. MAIDEN NAME  
Martha Vassar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ballingry Ill

17. INFORMANT (ADDRESS)  
De w a Clark  
12 C Gen Hosp 1200

18. BURIAL, CREMATION, OR REMOVAL  
PLACE W Washington DATE March 9 1936

19. UNDERTAKER (ADDRESS)  
W Mitchell  
Independence Mo

20. FILED Mar 9 1936 M. M. Brown  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1936 to 3-7 1936

I last saw him alive on 3-7 1936 Death is said to have occurred on the date stated above, at 3:25 PM

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

Strangulated Hernia post operative intestinal obstruction  
12201

Other contributory causes of importance:  
Pneumonia

Name of operation Herniorrhaphy 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) [Signature] M. D.  
(Address) 12 C Gen Hosp 1200

