

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

Do not use this space.

10738

1. PLACE OF DEATH

County Jayson Registration District No. 399
 Township Keau Primary Registration District No. 1002
 City Kansas City (No. 4) General Hosp St. _____ Ward _____

2. FULL NAME

John H. Kiefer
 (a) Residence, No. 2722 Brighton Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 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, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Annie C Kiefer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>7</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation.
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

13. NAME John H. Kiefer

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

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

17. INFORMANT (ADDRESS)
Revd. Clerk Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE March 18 1936

19. UNDERTAKER (ADDRESS)
Wm. J. Williams Sons Kansas City Mo

20. FILED March 16 1936 M. D. W. C. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7 1936, to 3-16 1936
 I last saw him alive on 3-16 1936 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:

Chronic Fibrous Myo-
carditis; Chronic
Glomerular Nephritis
131

Other contributory causes of importance:
Hypostatic Broncho-
pneumonia

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 _____ 1936
 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) W. C. Brown M. D.
 (Address) Gen Hosp

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

