

In Frasier
 112 AUG 25 1936

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

Do not use this space.

26546

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1009 File No. _____
 City Kansas City, Mo. (No. R.B. Industrial Hospital Registered No. 3216 Ward)

2. FULL NAME LeRoy Harold Kretschman

(a) Residence, No. 418 Landis Court 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Male 1896 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete worker
 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) Kansas

13. NAME Herman Kretschman

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

15. MAIDEN NAME Minnie Wintch

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

17. INFORMANT Minnie Kretschman
 (ADDRESS) 208 Seminole, Kansas City, Kans

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Hill DATE 7/11/36 19. _____

19. UNDERTAKER Sheil Funeral Home
 (ADDRESS) 6506 Indep. Ave.

20. FILED 7-10 1936 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1936

22. I HEREBY CERTIFY That I attended deceased from May 6 1936 to July 8 1936
 I last saw him alive on July 8 1936. Death is said to have occurred on the date stated above, at 5:29 a.m.
 The principal cause of death and related causes of importance were as follows:

Bacterial pneumonia Date of onset _____

Other contributory causes of importance:
Excessive use of morphine and alcohol for many years

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys exam Was there an autopsy? No

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) G. E. Frasier M.D. M. D.
 (Address) 401. Parker Bldg KC 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.

