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

Do not use this space.

26354

AUG 11 1937

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 109 No. Lawn St. Ward)

File No.: Registered No.:

2. FULL NAME: John Henry Fredrick

(a) Residence, No. 109 N. Lawn St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma M. Fredrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11, 1866

7. AGE: Years 71 — Months 1 — Days 7 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor Retired

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): Philadelphia Penn.

FATHER

13. NAME: John D. Fredrick

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs. Emma M. Fredrick 109 N. Lawn

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Floral Hills DATE: July 20, 1937

19. UNDERTAKER (ADDRESS): D. H. Newcomer's Sons

20. FILED: July 19 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to July 18, 1937.

I last saw him alive on July 18, 1937. Death is said to have occurred on the date stated above, at 7:50 m.

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

Cerebral Hemorrhage — Date of onset 7-12-37

Other contributory causes of importance: Acute Nephritis, Arterio Sclerosis (Nephritis 7 mo. chr. case)

Name of operation: None Date of:

What test confirmed diagnosis? Physical 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) Geo B. Gladstone, M. D.

(Address) 508 Thurman Bldg.

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.