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

OCT 19 1937

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. 3133, Summit St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 33251
Registered No. 3655

2. FULL NAME Miss Freda Niedermeyer
(a) Residence, No. 3133 Summit St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Oct. 25, 1878
7. AGE: YEARS 58, MONTHS 10, DAYS 13. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
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) Brookville, Kansas

FATHER
13. NAME August Niedermeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Johanna Licker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Walter G. Niedermeyer 3133 Summit
18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Forest~~ FLORAL Hills DATE Sept. 11, 1937
19. UNDERTAKER (ADDRESS) Wagner Fun'l Home 204 W. Linwood
20. FILED 9/10, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of the head
Date of onset
167
Other contributory causes of importance:
W
Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 9/8/37
Where did injury occur? 3133 Summit K.C.Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Home Name by means
Nature of injury
24. Was disease of injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

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 PLAINE WITH UNFADING INK—THIS IS A PERMANENT RECORD