

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson Registration District No. 54
Township Kaw Primary Registration District No. 3
City Kansas City (No. Menorah Hospital)

File No. 36856
Registered No. 4285
St. _____ Ward _____

2. FULL NAME Henry Frederick Rieth

(a) Residence, No. 5339 Forest St. _____ Ward _____

Length of residence in city or town where death occurred 35 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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Meta L. Rieth</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 18th 1871</u>				
7. AGE <u>23</u>	YEARS <u>65</u>	MONTHS <u>11</u>	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sign Painter</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) <u>Date of Death</u>			11. Total time (years) spent in this occupation <u>18</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1937, to 10-24, 1937

I last saw him alive on 10-23, 1937. Death is said to have occurred on the date stated above, at 12.15 a

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

Thrombosis of left post-erior cerebral artery Date of onset 10-23-37
Encephalomalacia 10-22-37

Other contributory causes of importance:

gno

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy 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) E. L. Peaty, M. D.

(Address) 300 Arroyo Blvd

Kansas City Mo

17. INFORMANT John F. Rieth (ADDRESS) 5657

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 26th 1937

19. UNDERTAKER Wm Newberry Sons (ADDRESS) Kansas City - Mo.

20. FILED 10-25 1937 M. M. Grouse Registrar

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.

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