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.

DEC 20 1937

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

Do not use this space.

40283

File No. 4597

Registered No.

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: Kansas City (No. 4979 Westwood Terrace St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Fred Feutz

(a) Residence, No. 4979 Westwood Ter. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bess E. Feutz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 31, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	9	14	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Milton Pet. Co.

10. Date deceased last worked at this occupation (month and year): Nov., 1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rush Hill Mo.

FATHER

13. NAME: Alfred Feutz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Highland Illinois

MOTHER

15. MAIDEN NAME: Addie Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rush Hill Missouri

17. INFORMANT (ADDRESS): Bess E. Feutz 4979 Westwood Ter.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: Nov. 16, 1937

19. UNDERTAKER (ADDRESS): Gates Funeral Home K. C., Kansas

20. FILED: Nov 15, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1937, to Nov. 14, 1937

I last saw him alive on Nov. 13, 1937. Death is said to have occurred on the date stated above, at 3 A. m.

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

Angina Pectoris — Date of onset Nov 13

Other contributory causes of importance: Myocarditis chronic

Name of operation: Date of:

What test confirmed diagnosis? Usual 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) Ward H. Leonard, M. D.

(Address) 3232 Summit St

Dr Ward Leonard
3232 Summit

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