REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Missouri St Joseph Hospital St. ..... Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 5561
Registered No. 627

2. FULL NAME Kiefer, ~~L.E.~~ Louis E. Geo
(a) Residence, No. 5319 Wayne St., ... Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 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): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 1 - 1880

7. AGE: YEARS 57 | MONTHS 6 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GLAZIER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. PUBLIC SERVICE
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) YANKTIN S. DAKOTA

FATHER
13. NAME NICHOLAS KIEFER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME MARY A. SCHAEFER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WISCONSIN

17. INFORMANT (ADDRESS) FRANK KIEFER 5319 WAYNE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. ST. MARYS DATE FEB. 8, 1938

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS B.C. & PASEO

20. FILED 2/7, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Feb 5, 1938
I last saw him alive on Feb 5, 1938. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Peritonitis	
93C	

Other contributory causes of importance:
Chronic Myocarditis
Streptococcus infection of leg ulcer.

Name of operation Laparotomy Date of Feb 3, 1938
What test confirmed diagnosis? Ph + Cl Sym 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? no
If so, specify .....
(Signed) [signature], M. D.
(Address) 915 Ruggles 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.