

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

Do not use this space.

16148

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 5028 Wyoming)

File No. _____
Registered No. 2000
St. _____ Ward _____

2. FULL NAME Charles H Kretz

(a) Residence. No. 5028 Wyoming St. 8 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 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 Mrs. Elizabeth Kretz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	56	2	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Vice-President
(b) General nature of industry, business, or establishment in which employed (or employer) City Ice Co.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Louisiana

10. NAME OF FATHER Louis Kretz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not Known

14. INFORMANT Mrs. Elizabeth Kretz (Address) 5028 Wyoming

15. FILED 5/13 1930 M. M. Crook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1930

17. I HEREBY CERTIFY, That I attended deceased from May 11 1930 to May 11 1930 that I last saw him alive on May 11 1930 and that death occurred, on the date stated above, at 11:25 PM.

THE CAUSE OF DEATH WAS AS FOLLOWS:

angina Pectoris
94A
11-80 (duration) yrs. mos. ds. 203 hrs
CONTRIBUTORY Gastritis (SECONDARY) (duration) yrs. mos. ds. 203 hrs

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Alonzo W. Little, M. D.
5/12 1930 (Address) R 6 mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Okmulgee, Oklahoma DATE OF BURIAL 5/13 1930

20. UNDERTAKER Quirk & Tobin--20 W Linwood ADDRESS K6 mo

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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