

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

Do not use this space.

16066
1857

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002
 City Kansas City (No. 22) General Hosp St. _____ Ward _____

2. FULL NAME

Edith Fiedler
 (a) Residence, No. 405 N. Leppings 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 <u>Female</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>Herman Fiedler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1908</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>11</u>	DAYS <u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamilton Mo</u>		
FATHER	13. NAME <u>William Pearl</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	17. INFORMANT <u>Reverend Clerk</u> (ADDRESS) <u>22 General Hosp</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt. Washington</u> DATE <u>5-7-32</u>		
19. UNDERTAKER <u>R. V. Lindsey & Sons</u> (ADDRESS) <u>K. S. Wood</u>		
20. FILED <u>May 6 1932</u> <u>M. M. Larowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-2 1932 to 5-4 1932
 I last saw her alive on 5-4 1932 Death is said to have occurred on the date stated above, at 3:12 P.
 The principal cause of death and related causes of importance were as follows:
Pneumonia, lobar
10th / 08
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 P. Williams
 (Signed) _____ M. D.
5-5-32 (Address) Dept 72 C Gen Hospital
Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

