

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

Do not use this space.

22730

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Jean Primary Registration District No. 1000
 City Kansas City (No. General) St. Mo. Ward

File No. _____
 Registered No. 2034
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 412 N. Prospect St., 7 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. 1 da. How long in U. S., if of foreign birth? yrs. mos. da.

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) 7-3-32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Kansas City Mo.

13. NAME George Ficht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Margaret Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Reverend Clerk
 (ADDRESS) K.C. Gen. Hosp. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Highland Park DATE July 5 1932

19. UNDERTAKER Peter B. Lapetina
 (ADDRESS) 4. e. m.

20. FILED 7/5 1932 M. M. Crowe
Cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-3 1932 to 7-3 1932
 I last saw him alive on 7-3 1932 Death is said to have occurred on the date stated above, at 4:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Prematurity
159
159
 Other contributory causes of importance: ①
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 M. D.
 (Signed) P. Williams
 (Address) Sup. K.C. Gen. Hosp. K.C. Mo.
7-4-32

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.

