SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 393 — File No. 30944
Township Kaw — Primary Registration District No. 1004 — Registered No.
City Kansas City, Mo. (No. St. Lukes Hospital St. 3743 Ward)

2. FULL NAME William Frey
(a) Residence, No. 3835 Bellefontaine St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Carrie Frey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 28, 1869

7. AGE: YEARS 66 — MONTHS 4 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meat Cutter
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): Illinois

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Miss Charlotte Frey, 3835 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Aug. 14 1936

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway

20. FILED 8-14 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1936, to Aug 12, 1936
I last saw him alive on Aug 11, 11 P.M., 1936. Death is said to have occurred on the date stated above, at 2:35 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Rupture Sigmoid in Left Inguinal Hernia	
122 a 2	

Other contributory causes of importance: General Peritonitis

Name of operation Obstruction due to Left Inguinal Hernia Date of Aug 11
What test confirmed diagnosis? Operation + Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Aug 11, 1936
Where did injury occur? Mechanical peristalsis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Isadore Anderson, M. D.
(Address) 1317 Rialto 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.

Dr. Jessica [illegible]
VA-1257

7 P.M. tonight

723 West 45.