

1 PLACE OF DEATH

County

214 West 8
Jackson

Township

Kenn

Registration District No. *229*

File No.

25333

Village

Kansas City

Primary Registration District No. *1222*

Registered No.

3068

City

St. Mary's Hospital
Geo Skodulaks

Ward

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

single

6 DATE OF BIRTH

Aug 28 1916

7 AGE

11 yrs. *11* mos. *11* ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry business, or establishment in which employed (or employer)

none

9 BIRTHPLACE

(City or town, State or foreign country)

Mo

10 NAME OF FATHER

Stev Skodulaks

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Mo

12 MAIDEN NAME OF MOTHER

Sophia Skodulaks

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Pete Stevens

(Address)

336 West 5 St

15

Filed

191

Wm J. M...

Registrar

16 DATE OF DEATH

July 21 1917

17 I HEREBY CERTIFY, that I attended deceased from

July 14 1917 to *July 21 1917*

that I last saw him alive on *July 21 1917*

and that death occurred, on the date stated above, at *11 P.m.*

The CAUSE OF DEATH* is as follows:

Enterocolitis

CONTRIBUTORY (Secondary)

Signed

July 23 1917 (Address) *929 Pauls Bldg*

*Specify the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death... yrs... mos... ds. In the State... yrs... mos... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St Marys

DATE OF BURIAL

7-23 1917

20 UNDERTAKER

Wm J. M...

ADDRESS

1401 Main St

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.

