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

Do not use this space.

1273

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 320
Township Kaw — Primary Registration District No. [illegible] — Registered No.
City Kansas City, Mo. (No. 53rd & Highland Little Sisters of Poor Ward)

2. FULL NAME Joseph Schubachitz
(a) Residence. No. 53rd & Highland Ave. St., Ward.
(Usual place of abode) Home for the aged (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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower of Teresa Schmitz
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown
7. AGE: 82 — YEARS: — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

PARENTS
10. NAME OF FATHER: Michael Schubachitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary
12. MAIDEN NAME OF MOTHER: Maria Hoffner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary

14. INFORMANT: Sister M. Auguste sup. Little Sisters
(Address) 53rd & Highland Ave of the Poor

15. FILED 1-23 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-22 1927

17. I HEREBY CERTIFY, That I attended deceased from June, 1926, to 1-22, 1927, that I last saw him alive on 1-22, 1927, and that death occurred, on the date stated above, at 1.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
920
recurrent (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 908 (duration) yrs. mos. ds.

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? Physical Exam
(Signed) A. Sach-Bonitz, M.D.
1/22, 1927 (Address) 1034 Argyle Bldg

*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: Mt St Marys Cemetery — DATE OF BURIAL: Jan 24 1927
20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.