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.

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

Do not use this space.

17061

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2020

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME Helen Plavsich,

(a) Residence. No. 21 W. 57th. St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Max Plavsich

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 18, 1871

7. AGE: Years 57 — Months 2 — Days 17 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Austria

PARENTS
10. NAME OF FATHER: Peter Petrovich
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria
12. MAIDEN NAME OF MOTHER: Maliva Melovich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: Mrs. Nevenka Burgosen
(Address) R.R.6. Kansas City Kans.

15. FILED May 6, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 5 1928

17. I HEREBY CERTIFY, That I attended deceased from April 30th, 1928 to May 5th, 1928, that I last saw her alive on May 4, 1928, and that death occurred, on the date stated above, at 5:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Mediastinitis
(2) Empyema of pleura (right)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Streptococcus retropharyngeal abscess (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home 21 W 57th St.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Max Goldman + R. G. Heleman M.D.

5/5/, 1928 (Address) Medical Arts 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: Forest Hill — DATE OF BURIAL: 5/7/ 1928

20. UNDERTAKER: H. W. Gates — ADDRESS: K.C.Ks.