

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

Do not use this space.

6511

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. Little Sisters of Poor)

Registration District No. 399

Primary Registration District No. 1092

File No. _____
Registered No. 1284
St. _____ Ward _____

2. FULL NAME

John Blaha
(a) Residence. No. 532 1/2 Highland Ave. St. 15 Ward _____
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aline Baults

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1854

7. AGE YEARS 74 MONTHS 5 DAYS 8 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) Beraria
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Blaha

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Maria Tracha

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Little Sisters of the Poor St. Luella
(Address) 532 1/2 Highland Ave. N.E. Mo

15. FILED 2-19-29 M M Crow REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 9 19 29
17.

I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to Feb 9, 1929 that I last saw him alive on Feb 9, 1929, and that death occurred, on the date stated above, at 9 45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Influenza
930
11B (duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
myocarditis (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS: _____
(Signed) A. Hoch-Bomly, M. D.
2/10, 1929 (Address) 1034 Angle Way

*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Atchison Mo DATE OF BURIAL 2/12/29

20. UNDERTAKER Lucas Hobin ADDRESS 304 Levee

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.

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