

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

Do not use this space.

13350

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **100**  
City..... (No. **Mo. Pac. Hospital**)

File No. ....  
Registered No. **3920**  
St. .... Ward)

**2. FULL NAME** Toney Mazin

(a) Residence. No. Kansas City Mo St., 17 Ward. Kansas City Mo  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Do not know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt 43

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Stock Car Sales  
(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

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT Felix Mazin  
(Address) 3046 E 61st Kansas City Mo

15. FILED 19 Wm C Stark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/30 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/21, 1928, to 3/30, 1929, and that I last saw him alive on 3/30, 1929, and that death occurred, on the date stated above, at 11:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Parenchymatous Nephritis  
3rd Chronic Myocarditis  
131  
SEC (duration) yrs. 10 mos. ds.

CONTRIBUTORY Hy Syphilis (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory Exam  
(Signed) H. B. Wilkinson, M. D.  
, 19 (Address) Mo. Pac. Hospital

\*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 Kansas City Mo DATE OF BURIAL Apr 3/ 1929

20. UNDERTAKER Geo J Furian ADDRESS 195 Grand

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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3  
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