

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

Do not use this space.

24739
3151

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City, Mo. (No. Evangelical Hos)

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME

(a) Residence No. 1427 Central St. 1 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 15 - 1918</u>		
7. AGE	YEARS	MONTHS
<u>11</u>	<u>6</u>	<u>3</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>School Boy</u> (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) <u>Derburgre</u> <u>Texas</u>		
PARENTS	10. NAME OF FATHER <u>Joseph Puscha</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
	12. MAIDEN NAME OF MOTHER <u>Mary Hagel</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Prussia</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 - 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15th 1929 to July 18th 1929 that I last saw him alive on July 18th 1929 and that death occurred, on the date stated above, at 8:55^{PM} m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
appendicitis (acute)
1170

CONTRIBUTORY (SECONDARY) 1170
Duration yrs. mos. ds. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1427 Central Kansas City, Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 15th 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation - Findings
(Signed) Hollis S. Thomas, M. D.
July 19th 1929 (Address) 315 Chambers 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 <u>St Marys Cemetery</u>	DATE OF BURIAL <u>July 22 1929</u>
20. UNDERTAKER <u>John W Wagner</u>	ADDRESS <u>1409 Grand Ave</u>

14. INFORMANT L. W. West
(Address) 1427 Central

15. FILED 7-20 1929 M. M. Craine REGISTRAR
asst.

MARGIN RESERVED FOR BINDING
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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Lee W. H. Thompson

Harrison 1761