

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.

12794

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City (No. Mary Hop)File No. 1631Registered No. 1631

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5 No Hallock St. _____ Ward _____

(Usual place of abode)

(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

Female

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)

Feb 10 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

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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)

Kansas City
Kansas

10. NAME OF FATHER

James Xenos

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Platanos
Greece

12. MAIDEN NAME OF MOTHER

Archontoula Laras

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Platanos
Greece

14.

INFORMANT

(Address)

James Xenos
5 No Hallock

15.

FILED

4/13 19 30M. M. Cronin
Asst

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 12 19 3017. I HEREBY CERTIFY, That I attended deceased from Apr 8 19 30 to Apr 12 19 30that I last saw her alive on Apr 12 19 30 and that death occurred, on the date stated above, at 14501 Bess

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Syphilitic (Luetic) Meningitis
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CONTRIBUTORY (SECONDARY)

Congenital Syphilis (duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

home (duration) _____ yrs. _____ mos. _____ ds.DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Clinical(Signed) S. Paskalis, M.D.4/13 19 30 (Address) Mercy Hosp.

*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

DATE OF BURIAL

Maple Hill Cemetery Apr 14 19 30

20. UNDERTAKER

ADDRESS

Daniel Bros 444 Kansas
K.C.K.

