

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

Do not use this space.

1489

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township New Primary Registration District No. 1002
 City Kansas City (No. On Train Coming in Union Station) (City, St. _____ Ward)

File No. _____
 Registered No. 321

2. FULL NAME

(a) Residence. No. 1000 Minneapolis St. 6 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. (If nonresident, give city or town and State)

Peter Barich

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) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
guess 39

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Soldier
 (b) General nature of industry, business, or establishment in which employed (or employer). 189
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Sgt. Brown Hoff
 (Address) San Antonio Texas

15. FILED 1/23, 1931 M. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH Wednes.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 27 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Pericarditis with adhesion
 2. Pulmonary Tuberculosis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 23
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 (CITY OR PLACE OF DEATH) _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Stanley M. Wade M. D.
1/21, 1931 (Address) Deputy Coroner

*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
Minneapolis Minn Jan 23 1931

20. UNDERTAKER ADDRESS
Ceylar Funeral Home N. O. 7th

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.

MARGIN RESERVED FOR BINDING

