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.

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

Do not use this space.

18024

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson — Registration District No. 895 — File No. 2165
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. U.S.V. Hospital St. Ward)

2. FULL NAME ULCH, Vencil — C-417 717 WOE
(a) Residence. No. 1622 So 3rd St., West St., Ward. Corp. Co D 168th Inf.
(Usual place of abode) Cedar Rapids, Iowa. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	41	7	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Bohemia

PARENTS
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 Hospital Records.
(Address) U. S. Veterans Hosp

15. FILED 5/12, 1931 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1931

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1931 to May 11, 1931 that I last saw him alive on May 11, 1931, and that death occurred, on the date stated above, at 2:05 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, chronic, pulmonary, active with effusion.

(duration) 2 yrs. or longer mos. ds.

CONTRIBUTORY (SECONDARY) Pericarditis, acute with effusion
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. & Auscultation.

(Signed) Henry A. Dykes, M. D.
HENRY A. DYKES, Med. Officer in Charge (T)
(Address) U.S.V. Hosp. Kansas City, Mo.

*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
Cedar Rapids, Iowa	5-11 1931
20. UNDERTAKER	ADDRESS
Freeman Mortuary	K. C. Mo