

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

Do not use this space.

28230

235
235

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 3002
(No. 3209, Chestnut Ave St. Ward)

File No. _____
Registered No. _____

2. FULL NAME

Mrs. Mary Azar
(a) Residence, No. 3209 Chestnut St., 14 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) <u>Joseph A. Azar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 15, 1868</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>11</u>
		<u>21</u>
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/12 1931, to 8/2 1931. I last saw her alive on Aug 4 1931. Death is said to have occurred on the date stated above, at 7:00 A.M.. The principal cause of death and related causes of importance were as follows:
Hypertension of fall bladder. Date of onset 127B
127A

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

FATHER

13. NAME Joseph Massabky

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

MOTHER

15. MAIDEN NAME Catherine Masow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

17. INFORMANT (ADDRESS) Mr. Arthur A. Azar, 3209 Chestnut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE August 7, 1931

19. UNDERTAKER (ADDRESS) W. N. Newcomer's Sons, 2111 East 9th St.

20. FILED 8-5-31 M. M. Crowe Registrar.

Name of operation Colostomy Date of 7/4/31

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) P. H. C. [Signature], M. D. (Address) 1610 Progress Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 399 File No.
 Township Primary Registration District No. 1002 Registered No. 3337
 City St. City (No.) St. Ward

2. FULL NAME

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1931

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

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

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

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

Hydronephrosis of gall bladder

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) Cause unknown

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

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

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY? refused.

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

WHAT TEST CONFIRMED THE DIAGNOSIS (Signed) Stretton, M. D.

12. MAIDEN NAME OF MOTHER

, 19 (Address)

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

*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 8/5 31 M. M. Crowe REGISTRAR

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

CAUSE OF DEATH... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION... is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-28230