

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

Do not use this space.
31183

1. PLACE OF DEATH

County Jackson Registration District No. 398

Township New Primary Registration District No. 1008

City Kansas City No. 1008 Ward 3

File No. _____

Registered No. 31183

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2044 Madison Ward 3

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>7</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

FATHER 13. NAME Victor Kalinka

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hartford Mo.

MOTHER 15. MAIDEN NAME Daisy Isaac

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Mo.

17. INFORMANT (ADDRESS) Deird Clark 1008

18. BURIAL, CREMATION OR REMOVAL PLACE Highland Park 9-4 1931

19. UNDERTAKER (ADDRESS) Johnson & Son Kansas City, Kansas

20. FILED 19 3/11/31 3:30 p.m. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-11 1931 to 9-2 1931

I last saw him alive on 9-2 1931 Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

Suban Pneumonia Date of onset 10/8/30

130/108

Other contributory causes of importance: Secondary Bacteremia toxic phlebitis

Name of operation no Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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? _____

If so, specify _____

(Signed) P. G. Williams _____, M. D.

(Address) Sub 1008 1008 1008

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.

