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

Do not use this space.

41116

File No. 5[illegible]5

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Bohumil Bystricky

(a) Residence. No. 650 Shawnee Road St., X Ward. Kansas City, Kansas
(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? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5-1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	30	2	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Marble setter

(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) Czechoslovakia

PARENTS

10. NAME OF FATHER Frank Bystricky

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

12. MAIDEN NAME OF MOTHER Francis Kys

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

14. INFORMANT Mr. Frank Bystricky
(Address) 650 Shawnee Rd. K. C. Ks

15. FILED 12/26, 19 31 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26th- 19 31.

17. I HEREBY CERTIFY, That I attended deceased from 12-23-31, 19..., to 12-26-31, 19..., that I last saw him alive on 12-26-31, 19..., and that death occurred, on the date stated above, at 5 34 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Yellow Atrophy of Liver

125A

39B (duration) yrs. mos. 6 ds.?

CONTRIBUTORY (SECONDARY) Infective Jaundice (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 125A

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) O R Withers, M. D.

, 19 (Address) 636 Argyle Bldg K C 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
Maple Hill	Dec. 28 19 31.
20. UNDERTAKER	**ADDRESS**
Gates Funeral Home	K.C. Kans.

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.

[illegible]