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.

1365

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 419
Township Kan — Primary Registration District No. 100 — Registered No. 419
City Kansas City (No. Kansas City General Hospital St. ..... Ward)

2. FULL NAME Schandi Dan
(a) Residence, No. 1408 Jefferson St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) 5-4-1859
7. AGE: YEARS 73 — MONTHS 8 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) Germany 10

FATHER
13. NAME Nick Schandi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Katherine Barkers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Record Clerk K. C. General Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 2-3 1932
19. UNDERTAKER (ADDRESS) Lapetina K. C. Mo
20. FILED 2/2 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30- 1932
22. I HEREBY CERTIFY, That I attended deceased from 1-14- 1932, to 1-30- 1932
I last saw him alive on 1-30- 1932 Death is said to have occurred on the date stated above, at 10:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
with arterio sclerotic	
Heart Disease	
95B	
97	

Other contributory causes of importance: 97

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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 ..... (1)

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P E Williams, M. D.
(Address) Gen Hosp K C Mo