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.

4685

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 540
Township Kaw — Primary Registration District No. 1005 — Registered No. 540
City K. C. Mo. (No. 400 Argyle St. Ward)

2. FULL NAME Joseph ~~Hayduk~~ Haiduk
(a) Residence, No. 210 Sumner, K.C.K. St., X 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
7. AGE YEARS 48. MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 87
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cudahy Packing Co
10. Date deceased last worked at this occupation (month and year) Jan 1-1932
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 30

FATHER
13. NAME Adam Hayduk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Public Administrator D. Corson Brotherhood Bldg
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 2-10 1932
19. UNDERTAKER (ADDRESS) Jos. A. Butler & Son K.C. Kansas
20. FILED 2/10 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8th 1932.
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:
Aortitis 99 Date of onset
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy?.....
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) Stanley M. Hall, M. D.
(Address) Deputy Coroner