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

Do not use this space.

8666

File No. 1251

Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. General Hosp St. Ward)

2. FULL NAME: James Katsaulis
(a) Residence, No. 921 Forest St., 2 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 2 1890

7. AGE — YEARS: 41 — MONTHS: 7 — DAYS: 21 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cafe owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 246
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): Tripalis Greece 11

FATHER
13. NAME: Nick Katsaulis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greece

MOTHER
15. MAIDEN NAME: Angelina Manoshatis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greece

17. INFORMANT (ADDRESS): Mary Katsaulis 921 Forest

18. BURIAL, CREMATION, OR REMOVAL
PLACE: [illegible] DATE: 3-25 1932

19. UNDERTAKER (ADDRESS): [illegible]

20. FILED: 3/25 1932 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-23 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 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:

| | Date of onset |
|---|---|
| accidental Street car | |
| Fracture | |
| [illegible] | |
| Other contributory causes of importance: Pedestrian | 24 |

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 Lane, M. D.
(Address) Alegsby Coroner

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.

WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD