

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

Do not use this space.

4947
39939
2108

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. St. Marys' Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Joseph Bozich

(a) Residence, No. 1724 Manchester St. 1st Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Agnes Bozich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1889</u>		
7. AGE	YEARS <u>43</u>	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. <u>Terra Cotta Maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>C. Terra Cotta Co.</u>	
	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) Austria 3

FATHER 13. NAME Joseph Bozich

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Mary Rejc

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Lynne Campbell
1724 Manchester

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' DATE 12-26-32

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 25 West Linwood

20. FILED 12-24 1932 M. M. Boyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 23, 1932

I last saw him alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at 1:30 Am.

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

Perforated Gastric Ulcer
117A
120
1/1/32
1/1/32

Date of onset

2 Mar

Other contributory causes of importance:

Pancreatitis 3 days

Name of operation Resection of ulcer Date of Dec 21/32

What test confirmed diagnosis? Autopsy as there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) H. J. McKenna, M. D.

(Address) 3552 Broadway

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.

