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.

1. PLACE OF DEATH
County JACKSON — Registration District No. 395 — File No. 1751
Township KAW — Primary Registration District No. 1003 — Registered No. 481
City KANSAS CITY (No. 4101- TRACY AVE:- 2ND FLOOR St. ..... Ward)

2. FULL NAME NAHBAN T SAIDY
(a) Residence, No. 4101- TRACY St., ... 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. BAHIA SAIDY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: YEARS 58 — 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. GROCER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) SYRIA

FATHER
13. NAME Lounnes Saidy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SYRIA

MOTHER
15. MAIDEN NAME Miss Saidy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SYRIA

17. INFORMANT (ADDRESS) MR. M. S. GEORGE 1301- EAST- 41ST ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1-30, 1933
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED Jan 29, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Jan 28, 1933
I last saw him alive on Jan 28, 1933 Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1-24-33
107A	
111B	
107A	

Other contributory causes of importance:

Pulmonary edema	1-27-33

Name of operation ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. A. Breyfogle M. D.
(Address) 818 Medical Arts Bldg

Dr. A. W. [illegible]
818 Medical Arts Bldg
1-5 Rds 12 2 5 West 40 [illegible]
2 — [illegible]