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.

APR 22 1933

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

Do not use this space.

9410

1. PLACE OF DEATH

County JACKSON — Registration District No. 398 — File No.

Township BLUE — Primary Registration District No. 5554 — Registered No. 98

City KANSAS CITY (No. 9501- INDEPENDENCE AVE St. Ward)

2. FULL NAME LOUIS B BOUTROSS

(a) Residence, No. 9501- INDEPENDENCE St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 16 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) AUGUST-6-1930

7. AGE: YEARS 2 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE 10
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 115A
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation 93D

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME JOSEPH H. BOUTROSS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SYRIA

MOTHER

15. MAIDEN NAME BLANCHE SHIKANI
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EGYPT

17. INFORMANT MR. JOSEPH H. BOUTROSS (ADDRESS) 9501- INDEPENDENCE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARY'S DATE MAR-23 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111- EAST- 9TH ST.

20. FILED 3-22 1933 F R Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from mch 21, 1933, to mch 22, 1933

I last saw h 1 M alive on mch 22, 1933. Death is said to have occurred on the date stated above, at 2:05 A m.

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

	Date of onset
Nasal + Pharyngeal diphtheria	3-13-33
Retro-Pharyngeal abscess	3-13-33
Adenitis Cervical	3-13-33

Other contributory causes of importance: Myocarditis

Name of operation Perforation of abscess Date of 3-21-33

What test confirmed diagnosis? Culture 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? ....

If so, specify ....

(Signed) Buckhouse Wilson, M. D.

(Address) Independence Mo

mch 22 33

Drs. Brickhouse Wilson
Medical Arts Bldg - Independence, Mo.
104 N. Maple
11-11:30