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.

13554

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1911
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Mary's Hospl. St. Ward)

2. FULL NAME George Baakosta
(a) Residence, No. 482368 St. St., Ward. (If nonresident, give city or town and State)
(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.

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~~ Maxima Baakosta

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

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy Syria
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy Syria

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy Syria

17. INFORMANT (ADDRESS) Miss Anna Baakosta 202 655 St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Mary's DATE May 2nd 1933

19. UNDERTAKER (ADDRESS) Quick & Tobin Co 20 W Linwood

20. FILED May 2 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933, to April 30, 1933
I last saw him alive on April 29, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
myocarditis Chronic — Date of onset
130
Other contributory causes of importance:

Name of operation none Clinical Date of
What test confirmed diagnosis? Was there an autopsy? yes

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 Sam Hillside
(Signed) 713 Mead Ave Bldg, M. D.
(Address) Kansas City Mo

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of LOS ANGELES } ss.

State File No. 1355433

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1911

On this 28th day of OCTOBER, 1942, before me appears EMON HERMAN BOOKASTA, who, upon HIS oath, states that the original record of ~~birth~~ death for George Bookasta died ~~born~~ April 30th, 1933, in the State of Missouri, and which was filed at Kansas City on May 2nd, 1933, should be corrected as follows:

Item No. ..... should read .....
Instead of .....
Item No. Birthplace of deceased should read Syria
Instead of Italy
Item No. Birthplace of father should read Syria
Instead of Italy
Item No. Birthplace of mother should read Syria
Instead of Italy
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Emon Herman Bookasta Affiant Son Relationship.

3-22-3

728 No. Seward
Present Address.

Subscribed and sworn to before me this 28th day of October, 1942

My Commission expires 3-5-46

Sylvan Lovey NOTARY PUBLIC Notary Public.
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-3-42
PI X32339

S-13554