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.

23118

File No. .....

Registered No. 2820

1. PLACE OF DEATH
County Jackson — Registration District No. 3[illegible]
Township Kaw — Primary Registration District No. 3[illegible]
City Kansas City — (No. Brunswick Hotel St. ..... Ward)

2. FULL NAME Thomas H Pavlo
(a) Residence, No. Brunswick Hotel - 1111 Broadway St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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 Peggy Pavlo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1888

7. AGE YEARS 45 MONTHS 5 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) 7-4-33
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece athens

FATHER
13. NAME Unknown Pavlo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER
15. MAIDEN NAME Unknown Pavlo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT (ADDRESS) Peggy Pavlo KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Mary's DATE 7-1- 1933

19. UNDERTAKER (ADDRESS) Lapetina Mortuary KC, Mo

20. FILED July 7 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., ... 19.....
I last saw ..... 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

Coronary Thrombosis
Chronic Myocardial Infarction

Other contributory causes of importance:

Name of operation ..... 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 .....
(Signed) [signature] DEP. CO. R, M. D.
(Address) KC Mo