

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

Do not use this space.

40254

**1. PLACE OF DEATH**

County Jackson  
Township Kear  
City Kansas City, Mo. (No. KA 10110)

Registration District No. 389  
Primary Registration District No. 466

File No. \_\_\_\_\_  
Registered No. 5063  
Ward \_\_\_\_\_

**2. FULL NAME** Pauline Laubetta

(a) Residence, No. 3409 E 27th St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 1921</u>		
7. AGE YEARS <u>12</u>	MONTHS <u>5</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	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) Kansas City  
(STATE OR COUNTRY) Mo.

13. NAME Charles Kozak

14. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Dula

16. BIRTHPLACE (CITY OR TOWN) Czechoslovakia  
(STATE OR COUNTRY)

17. INFORMANT Reverend Clerk  
(ADDRESS) KA 10110 Hosp KCMO

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Mary Cemetery DATE 13-27 1933

19. UNDERTAKER John J. Sheehan  
(ADDRESS) 1 Kansas City, Mo.

20. FILED 12/26-1933 W. M. Johnson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1933, to 12-25 1933

I last saw him alive on 12-25 1933 Death is said to have occurred on the date stated above, at 1:50 a.m.

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

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance: gvt

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 \_\_\_\_\_, 1933

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) J. S. Gannett, M.D.  
(Address) KA 10110 Hosp KCMO

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.

1934 JAN 26

1-27-33

33

Pauline Kozak