MAR 24 1934

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

Do not use this space.

4903

File No. 627

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City (No. 3012, Garfield St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Oscar Rindlie Pash
(a) Residence, No. 3012 Garfield St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~: Nellie G. Pash
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10 1873
7. AGE: Years 60, Months 8, Days 28. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman Interior Decorator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Muehlebach Bros
10. Date deceased last worked at this occupation (month and year): Present
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ohio

FATHER
13. NAME: William Pash
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Iowa

MOTHER
15. MAIDEN NAME: Theresa Verome
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): London England

17. INFORMANT: Mrs Nellie G. Pash
(ADDRESS) 3012 Garfield
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Cosepl Mo DATE: FEBRUARY 10, 1934
19. UNDERTAKER: D. Vorneweomer Sons
(ADDRESS) 911 E 9th
20. FILED: Feb 9, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to February 8, 1934
I last saw h. alive on 2-8, 1934. Death is said to have occurred on the date stated above, at 5:55 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	1933
94B	

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? P.M. 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? no.
If so, specify
(Signed) Ellis M. Bellamy, M. D.
(Address) 612 Prof Bldg K.C. Mo

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.