

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.

OCT 17 1934

33074

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Townships Howe Primary Registration District No. 3002  
 City Kansas City (No. Wesley Hospital) File No. \_\_\_\_\_  
 Registered No. 4415 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jacobs Dudzic  
 (a) Residence No. 1832 E. 17th 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Dudzic

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-02-1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>51</u>	<u>2</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Joiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bill Mem. Hosp.

10. Date deceased last worked at this occupation (month and year) 9-22-34 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

13. NAME Frank Dudzic

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

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Ida Dudzic  
 (ADDRESS) 1832 E. 17th

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Mary's DATE 10-2 1934

19. UNDERTAKER S. K. J. Funeral Home  
 (ADDRESS) 6606 Independence

20. FILED Oct 1 1934 M. M. Crowe  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1934 to Sept 29 1934

I last saw him alive on 9-29 1934 Death is said to have occurred on the date stated above, at 8 A. M.

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

Pyloric obstruction Date of onset \_\_\_\_\_

117A  
118B 117A

Other contributory causes of importance:

Propylonic ulcer

Name of operation Gastroenterostomy Date of Sept 25

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Hospital Joiner

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. J. Mackay M. D.

(Address) Professional Bldg  
Wesley Hospital

OCT 17 1934

