

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.

JAN 18 1935

399

43034

1. PLACE OF DEATH
County Jackson Registration District No. 1002 File No. 5429
Township Kearney Primary Registration District No. 1002 Registered No. 5429
City K.C. Mo (No. In Boxcar, under Intercity Viaduct) Ward

2. FULL NAME Alex Caszar
(a) Residence, No. Unknown St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u> </u>		
7. AGE <u>Approx 65</u>	YEARS <u> </u>	MONTHS <u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Griffin Dep. Coroner</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Storal Hills</u> DATE <u>12/18/34</u>		
19. UNDERTAKER <u>H. TIGERMAN & SON'S</u>		
20. FILED <u>12-18</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 1934 to , 1934.
I last saw alive on , 1934. 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:
Strangulation
Hungary
No

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Ob Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12/11/34
Where did injury occur? K.C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hungary Strangulation
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W. Kern M.D.
(Address) Deputy Coroner

