

MAY 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County JACKSONRegistration District No. 1002Township KANAN

Primary Registration District No. _____

City KANSAS CITY(No. 2908-MICHIGAN)

File No. _____

Registered No. 1501

St. _____

Ward _____

12804

2. FULL NAME

GEORGE FRIHA(a) Residence, No. 2908-MICHIGAN

St. _____

Ward. _____

(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

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

UNKNOWN

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

38

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

SYRIA

MOTHER FATHER

13. NAME

UNKNOWN FRIHA

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

SYRIA

15. MAIDEN NAME

UNKNOWN

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

SYRIA

17. INFORMANT (ADDRESS)

MRS MARIE MABHAN
2909 MICHIGAN

18. BURIAL, CREMATION, OR REMOVAL

MADE BY ST. MARYSDATE APRIL 9 1935

19. UNDERTAKER (ADDRESS)

D. W. NEWCOMER'S SONS
KANSAS CITY, MISSOURI

20. FILED

4-8 1935 M. M. Crowe, asch

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 6 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 12 1934 to _____ 19____

I last saw h. _____ alive on _____ 19____ Death is said

to have occurred on the date stated above, at 7:40 P.m.

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

Carcinoma Cecum Date of onset 2 yrs

Other contributory causes of importance:

UnknownName of operation Resection Cecum Date of Nov. 12 1934What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 None

Nature of injury _____

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

If so, specify _____

(Signed) John O'Sullivan, M. D.(Address) 1402 Bryant

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.

WHILE TRAINED, WITH GRADUATING INSTITUTION IS A PERMANENT RECORD

1402 Bryant Bldg.
1:30 - 5:30

Report

NO. 10000 CONTROL