

AUG 6 1935

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

Do not use this space.

23192

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kansas City (No. 7) Gen Hosp

File No.
Registered No. 23192
St. Ward

2. FULL NAME

(a) Residence, No. 306 St. Louis Ave. Ward.

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.

(If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1894</u>		
7. AGE YEARS <u>57</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</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) (STATE OR COUNTRY) <u>Austria</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
17. INFORMANT (ADDRESS) <u>Miss Galyard K.C. Ave K.C.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Galvary K.C.</u> DATE <u>July 24 1935</u>		
19. UNDERTAKER (ADDRESS) <u>John Stangl, 10340 N. 6th St. K.C. Kansas</u>		
20. FILED <u>7/33</u> 19 <u>35</u> <u>M.M. Cronin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-4 1935 to 7-21, 1935
I last saw him alive on 7-21, 1935. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:
Diagnosis not determined
Probable Syphilis of Central Nervous system
Date of onset

Other contributory causes of importance:
54

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

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?
If so, specify (Signed) J. C. Cronin, M. D.
(Address) 10340 N. 6th St. 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.

WRITE PRINTED, WITH OUTLINES, IN INK. THIS IS A PERMANENT RECORD.

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918