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.

FEB 17 1936

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

Do not use this space.

5865

File No. 668

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township — Primary Registration District No.

City Kansas City (No. 5510, Montgall St. Ward)

2. FULL NAME John Bohumil

(a) Residence, No. 5510 Montgall St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Kate Bohumil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 1, 1853

7. AGE: YEARS 82 — MONTHS 4 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: FRISCO R.R.

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation:

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

FATHER

13. NAME: John Bohumil

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

MOTHER

15. MAIDEN NAME: No record

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

17. INFORMANT (ADDRESS): Mrs. Rose Gardner, 5510 Montgall

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Forest Hill DATE: Feb. 10, 1936

19. UNDERTAKER (ADDRESS): Gates Funeral Home, Kansas City, Kansas

20. FILED 2-8 1936 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1935 to Feb. 3, 1936

I last saw him alive on Feb. 3, 1936. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Chronic Myocarditis

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Other contributory causes of importance: Chronic Nephritis

Date of onset

Name of operation: none — Date of

What test confirmed diagnosis? Clinical — 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, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

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) [signature] M. D.

(Address) 710 Professional Bldg. Kansas City

C. G. Montgomery
Professional
~~Bryant~~ Bldg
Ha 28624
[illegible] 5