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.

APR 23 1936

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

Do not use this space.

10980

File No.
Registered No. 1656

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 2545 Myrtle St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME George William Protsman
(a) Residence, No. 2545 Myrtle 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1861

7. AGE: Years 74 | Months 11 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kensington Ave. Baptist Church
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) Missouri

FATHER
13. NAME Frederick Protsman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Hannah Blodgett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Catherine Protsman
(ADDRESS) 2545 Myrtle, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE May 26 1936

19. UNDERTAKER C.H.Blackman & Son, Inc.
(ADDRESS) K.C.Mo.

20. FILED Mch 6 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1935 to 3-24, 1936
I last saw him alive on 3-24, 1936. Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Heart Disease with Cardiac decompensation; Auricular fibrillation

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) [illegible], M. D.
(Address) [illegible] K.C. Mo