APR 23 1936

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

Do not use this space.

11049

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Clay — Primary Registration District No.: 1002
City: Kansas City (No. K.C. Gen Hosp. St. Ward)

File No.
Registered No.: 1446

2. FULL NAME: Salmassian, Selma

(a) Residence, No.: 3946 Woodland 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: F
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: Mike

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

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: Silem Melham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

MOTHER
15. MAIDEN NAME: Carney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

17. INFORMANT (ADDRESS): Mike Salmassian 3946 Woodland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Mary DATE: 3-31-36, 19

19. UNDERTAKER (ADDRESS): Peter B. Fagetting K.C. Mo.

20. FILED: Mch 30, 1936 M. M. Crow, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1936, to 3-28, 1936.
I last saw her alive on 3-28, 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis, Encephalomalacia,	

Other contributory causes of importance:
Bronchopneumonia

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

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) H. Jennings, M. D.
(Address) Resident K.C. Gen Hosp.

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 PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD