

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

Do not use this space.

22808

JUL 2 1936

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 917) Genesee St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2729  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Peter Upolac Parlovich  
(a) Residence, No. 917 Genesee 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 1875

7. AGE YEARS 60 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Unknown (STATE OR COUNTRY) Yugo-Slavia

13. NAME John Potkornjak

14. BIRTHPLACE (CITY OR TOWN) Yugoslavien (STATE OR COUNTRY) Yugo-Slavia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Yugo-Slavia

17. INFORMANT Sam Parlovich (ADDRESS) 917 Genesee Street

18. BURIAL, CREMATION, OR REMOVAL N.C.R. PLACE Highland Park DATE June 6 1936

19. UNDERTAKER John Stone (ADDRESS) 1509 N. 6th Street, N.C.R.

20. FILED 6-6 1936 M. M. Lewis Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from November 25 1935 to June 3 1936

I last saw her alive on June 3 1936 Death is said to have occurred on the date stated above, at 5:50 P.M.

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

Carcinoma of the stomach Date of onset No. 34

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray 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) W. H. H. Henry, M. D.  
(Address) 531 Argyle Bldg

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.

