

DEC 20 1936

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

Do not use this space.

41182

## 1. PLACE OF DEATH

County Jackson  
Township JACKSON  
City Kansas City, Mo. (No. 7035)

Registration District No. 399  
Primary Registration District No. 100  
7035 Indep. Ave.

File No. 4-51  
Registered No. 4-51  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alex Swigler Dezulski

(a) Residence, No. 7035 Indep. Ave. 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 Male 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 Anna Dezulski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/18/1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Security Stove  
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) Russia13. NAME Paul Dezulski14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia17. INFORMANT Mrs. Anna Dezulski  
(ADDRESS) 7035 Indep. Ave.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St Marys Cem. DATE 11/7/36 1936

19. UNDERTAKER Sheil Funeral Home  
(ADDRESS) 6606 Indep. Ave.20. FILED Nov 6 1936 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5 193622. I HEREBY CERTIFY, That I attended deceased from 10/30 1936, to 11/5 1936.

I last saw him alive on 11/5 1936. Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Left Lobar Pneumonia Date of onset 10/30/36

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936

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? No

If so, specify \_\_\_\_\_

(Signed) Ernest Albers M. D.(Address) 920 Wheaton Ave

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.

