

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 1)

Registration District No. 299
Primary Registration District No. 1002
East Side Hospital

File No. 9543
Registered No. 1200
St. _____ Ward _____

2. FULL NAME Fred John Rynish

(a) Residence, No. 1733 Corrington St., K.C., Mo. 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 Stella Rynish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not records.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 50

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Security Store
10. Date deceased last worked at this occupation (month and year) Mar. 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland13. NAME - Rynish14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Poland15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland17. INFORMANT Edward Rynish (son)
(ADDRESS) 1812 Bristol St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cemetery DATE 3/13/37 19.

19. UNDERTAKER Sheil Funeral Home
(ADDRESS) 6606 Indep. Ave.20. FILED Apr 13 1937 M. M. Kenore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 193722. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1937, to Mar. 10, 1937

I last saw him alive on Mar 10, 1937 Death is said to have occurred on the date stated above, at 12:55 P.

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

lobar Pneumonia

Date of onset

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) Paul J. Plummer M. D.(Address) 740 Newton 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.

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