

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 Registration District No. 399 File No. 9756
Township KW Primary Registration District No. 1002 Registered No. 1423
City Kansas City, Mo. (No. Kansas City Industrial Hosp. St. _____ Ward _____)

2. FULL NAME Joseph Rozum

(a) Residence, No. 1739 Corrington 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Rozum (deceased) (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1874

7. AGE YEARS 63 MONTHS - DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Poland (STATE OR COUNTRY)

13. NAME - Rozum - Wuk
14. BIRTHPLACE (CITY OR TOWN) Poland (STATE OR COUNTRY)

15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) Poland (STATE OR COUNTRY)

17. INFORMANT Fred Rozum (son) (ADDRESS) 1739 Corrington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 3/27/37

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606 Indep Ave.

20. FILED Mar 26, 1937 M. M. Lenow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-1937

22. I HEREBY CERTIFY That I attended deceased from March 20, 1937, to March 24, 1937

I last saw him alive on March 24, 1937. Death is said

to have occurred on the date stated above, at 8 P.M.

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

Broncho Pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No

If so, specify _____ (Signed) M. M. Lenow, M. D.
(Address) 921 Secretat

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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