MAY 19 1937

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

Do not use this space.

16066

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No. 53

Township Fishing River — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo. (No. 1 St. 3d Ward)

2. FULL NAME DINKOVITCH, Tony — Independence, Mo.

(a) Residence, No. Veterans Administration Facility St., Ward. 207½ W. Lexington Ave.

(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 21, 1895

7. AGE: 41 YEARS, 7 MONTHS, 0 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

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

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

FATHER

13. NAME: William Dinkovitch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER

15. MAIDEN NAME: Nellie (last name unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kansas City, Mo. C. DATE 4-24-37, 19

19. UNDERTAKER (ADDRESS): GEO. C. CARSON, Kansas City, Mo.

20. FILED April 26, 1937 Lorena McCracken, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 20, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1937, 19, to Apr. 20, 1937, 19

I last saw him alive on Apr. 20, 1937, 19 Death is said to have occurred on the date stated above, at 4:35 m. P.M.

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

	Date of onset
Acute nephritis cause undetermined	

Other contributory causes of importance:

130

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? no 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, H. C. Hardegree

(Signed) H. C. HARDEGREE, MD, Clinical Director, M.D.

(Address) Veterans Administration Facility, Excelsior Springs, Missouri.

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.