JAN 17 1938

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

Do not use this space.

43922

File No. 4825

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 7001 E 13 St St. Ward)

2. FULL NAME Voshil Fernand.

(a) Residence, No. 7001 E 13 th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 (OR) WIFE OF: Lottie Procter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec/11/ 1864

7. AGE: 72 YEARS — MONTHS: 11 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 26

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 2

FATHER

13. NAME: Fernand Voshil 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Cecelia/Voshil~~ Ind

MOTHER

15. MAIDEN NAME: Cecelia Shane

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

17. INFORMANT (ADDRESS): Alma Pursaelley Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn DATE Dec/3/37 19

19. UNDERTAKER (ADDRESS): SHEIL FUNERAL HOME 6500 INDEPENDENCE AVE.

20. FILED Dec 1 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Crowe, 19, to, 19

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 2:25 pm

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

Cerebral thrombosis

Acute myocardial infarction

94B

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?

If so, specify

(Signed) [signature] 4, M. D.

(Address) [signature]

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.