

APR 23 1938

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
Township Kaw Primary Registration District No. 1007
City Kansas City, Mo. (No. 6817 E 12th St., Terr. St. _____ Ward _____)

File No. 9820
Registered No. 1285

2. FULL NAME Frank Dryja 620

(a) Residence, No. 6817 E 12th St., Terr. 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 Mary Dryja

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/22/1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 29

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

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

13. NAME Piotr Dryja

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

15. MAIDEN NAME No record

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

17. INFORMANT Mrs. Mary Dryja
(ADDRESS) 6817 E 12th St., Terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cemetery DATE 3/24/38

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

20. FILED March 23 1938 M. R. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1937 to Feb 3, 1938

I last saw him alive on Feb 3, 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Primary causes of left lung - 1 yr.

Other contributory causes of importance: metastasis to brain

Name of operation no Date of _____

What test confirmed diagnosis? Ray & Biopsy 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? no

If so, specify _____

(Address) H. V. Brown M. D.

(Address) 1103 Grand

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.

THE UNIVERSITY OF CHICAGO

PHILOSOPHY DEPARTMENT

PHILOSOPHY 101

LECTURE NOTES

PLATO

THE REPUBLIC

THE ALLEGORY OF THE CAVE

THE SUN

THE LINE

THE DIALECTIC

THE IDEAS

THE FORM OF THE GOOD

THE EDUCATION OF THE GUARDIANS