

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

Do not use this space.

1203

File No. 34
Registered No. 34
St. _____ Ward)

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Wain Primary Registration District No. 1203
City Kansas City (No. General Hospital)

2. FULL NAME

John M. Haluska
(a) Residence No. 328 Reynolds 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 2 / 1905</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>25</u>	<u>1</u>	<u>0</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Car Repairer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>U. Pacific</u>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Slavakia

10. NAME OF FATHER George Haluska

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Slavakia

12. MAIDEN NAME OF MOTHER Mary Harmon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Slavakia

14. INFORMANT George Haluska
(Address) 328 Reynolds

15. SIGNED Jan 4 31 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental auto mobile
Automotive Jackson
Co Mo
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Car he was driving
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M. A. Reed, M.D.
1/2 1931 (Address) Regency Corner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Calvary DATE OF BURIAL 1-5 1931

20. UNDERTAKER J. A. Butler & Son ADDRESS N.C. St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

