

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

Do not use this space. ✓

955

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398 File No. _____
 Township Blue Primary Registration District No. 5334 Registered No. 27
 City Kansas City (No. 9500 Independence Ave) (Usual place of abode) (If nonresident, give city or town and State) Ward _____

2. FULL NAME Mrs. Almas Boutros
 (a) Residence, No. 9500 Independence Ave Ward _____
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1837

| | | | | |
|--------|-----------|----------|----------|----------------------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>94</u> | <u>7</u> | <u>4</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 18 1932 to Jan 19 1932
 Last saw her alive on Jan 19 1932 Death is said to have occurred on the date stated above, at 5:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Septic Hypostatic Pneumonia Date of onset _____
from lying too long in bed.
 Other contributory causes of importance: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria 27

FATHER 13. NAME Antoine Beshal

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

MOTHER 15. MAIDEN NAME Najme Mansour

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

17. INFORMANT Joseph Boutros
 (ADDRESS) 9500 Independence Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE January 21 1932

19. UNDERTAKER D. N. Newcomb, Son
 (ADDRESS) Kansas City, Mo.

20. FILED Jan. 20 1932 Td Cook
 Registrar.

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) Chas E. Nicholson, M. D.
 (Address) Independence

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occurrence very important.

24 1932

71-36-1