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.

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

Do not use this space.
26373

1. PLACE OF DEATH Veterans' Administration Hospital.
County Jackson. Registration District No.
Township Primary Registration District No.
City Kansas City. (No. Veterans Hospital St. Ward)

File No. 3281
Registered No.

2. FULL NAME ZAREMBA, Paul C-None Spanish American War Veteran.
(a) Residence, No. 3203 Morrell, St., 9 Ward. Sgt. Band 19th Inf.
(Usual place of abode) Kansas City, Missouri. (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~~ Mrs. Caroline Zaremba.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1870.

7. AGE: Years 62 | Months 3 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier (Retired).
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 188
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) Germany.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Hospital Records.
(ADDRESS) Vet.Adm.Hospital, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arlington Nat'l Cemetery Fort Meyer, Va. DATE 8-29-32, 19

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 8/27, 1932 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1932, to August 25, 1932
I last saw him alive on August 25, 1932 Death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus, lungs, and liver. (Primary site: Cardiac end of Esophagus.)	About 1 yr.
Other contributory causes of importance: Hemorrhage, gastric	1 da.

Name of operation — Date of —
What test confirmed diagnosis? Physical Examination and autopsy. Was there an autopsy? Yes

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) W. E. Chambers, M. D.
W.E. CHAMBERS, Medical Officer in Charge
VETERANS' ADMINISTRATION HOSPITAL, K.C. Mo.