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.

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 23392
Township Kaw — Primary Registration District No. 399 — Registered No. 3098
City Kansas City (No. St. Luke's St. Ward)

2. FULL NAME Morris Bigus
(a) Residence, No. 3827 Terrace St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Bigus
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1898
7. AGE YEARS 34 MONTHS 11 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sargent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City
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) K. C. Mo.

FATHER
13. NAME Samuel M. Bigus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Kate Nashalsky
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Issie Bigus Ex
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel DATE 7-31-1933
19. UNDERTAKER (ADDRESS) J. P. Lewis Mid Co City
20. FILED July 31, 1933 M. W. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29/33, 19
22. I HEREBY CERTIFY That I attended deceased from Sprinkle Crowe, 19, to, 19
I last saw h alive on, 19 Death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of the Chest. Date of onset
184
Hemothorax
Other contributory causes of importance:
184
172
Name of operation no Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/29/33
Where did injury occur? Pitch & Broadway Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot Trampling Bugins
Nature of injury Shot in Chest
24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify
(Signed) [signature] M. D.
(Address) Kansas
DEP-COR