PLACE OF DEATH

County Barry

Township Caps Creek

or

Village —

or

City —

(NO. ____ St.; ____ Ward)

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

Registration District No. 30

Primary Registration District No. 5041

File No. 12057

Registered No. 25

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Paulia Droska

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR OR RACE: White

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (~~Write the word~~)

DATE OF BIRTH: Dec (Month) 23 (Day), 1845 (Year)

AGE: 72 yrs. 3 mos. 10 ds.

If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): Germany

PARENTS

NAME OF FATHER: John Kutz

BIRTHPLACE OF FATHER (City or town, State or foreign country): Germany

MAIDEN NAME OF MOTHER: don't Know

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe Droska

(ADDRESS) Peirce City Mo

Filed 4/2, 1918. W. J. West, REGISTRAR
J. Bamberg

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 2 (Day), 1918 (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 25, 1918, to Apr. 2, 1918, that I last saw her alive on Apr. 1, 1918, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

46B
97 40

(Duration) 2 yrs. ____ mos. ____ ds.

Contributory (SECONDARY) Arterio Sclerosis

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) H. Ross Clark M. D.

4/2/1918 (Address) Peirce City Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

PLACE OF BURIAL OR REMOVAL: Peirce City Mo

DATE OF BURIAL: April 4, 1918

UNDERTAKER: John Seufert

ADDRESS: Peirce City Mo

PLACE OF DEATH

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

County.....

Township ..... Registration District No..... File No.....

or

Village..... Primary Registration District No..... Registered No.....

or

City .....(NO..... St.:.....Ward)

[If death occ hospital or give its NAM of street and

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

....., 1.....
(Month) (Day) (Year)

AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ....., 191....,

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....
(Month) (Day)

I HEREBY CERTIFY, that I attended deceas

....., 191...., to.....

that I last saw h.....alive on.....

and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration).....yrs.....mos.....

Contributory.....
(SECONDARY)

.....(Duration).....yrs.....mos.....

(Signed).....

....., 191.... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Ca (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....

Where was disease contracted if not at place of death?.....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURI
UNDERTAKER	ADDRESS

Missouri Senate
50 General Assembly

VON MAYES
CHAIRMAN
COMMITTEE ON
RAILROAD AND INTERNAL IMPROVEMENTS