

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

Do not use this space.

JUN 24 1927

14286

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....St. Joseph.....

(No. 711 South 21 Street

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

Mary Wolski

(a) Residence. No. 711 South 21 Street St.,

Ward.....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 3 mos. 5 ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

May 18,

19 27.

17.

I HEREBY CERTIFY, That I attended deceased from March 9, 1927, to May 18, 1927 that I last saw DECEASED alive on May 18, 1927, and that death occurred, on the date stated above, at 3/30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A 31 (duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed)..... M. D.

May 19, 1927 (Address) P. O. Box 134

*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.

PARENTS

9. BIRTHPLACE (CITY OR TOWN)

St. Joseph,

(STATE OR COUNTRY)

Missouri.

10. NAME OF FATHER

Joseph Wolski

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Austria,

(STATE OR COUNTRY)

Poland.

12. MAIDEN NAME OF MOTHER

Tillie Politowitz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Austria,

(STATE OR COUNTRY)

Poland

14.

INFORMANT..... Joseph Wolski

(Address)

711 South 21 Street

15.

FILED

MAY 19 1927

1927

John G. [Signature]

REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mount Olivet Cemetery

DATE OF BURIAL

May 21 19 27

20. UNDERTAKER

H. O. Sidney [Signature]

ADDRESS

1802 Union Str

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.

