

JUL 25 1927

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

Do not use this space.

20675

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph. (No. 2511 Messanie Street.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 693
St. Ward

2. FULL NAME Katherine Raniszewski.

(a) Residence No. 2511 Messanie Street. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S., if of foreign birth? 42 yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

Andrew Raniszewski.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 6, 1855.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or min. 72 6 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Pololand

10. NAME OF FATHER Unknown.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Andrew Raniszewski.
Address 2511 Messanie Street.

15. FILED 8 1927 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6, 1927

17. I HEREBY CERTIFY That I attended deceased from July 5, 1927, to July 5, 1927 that I last saw h. OR alive on July 5, 1927 and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dysentery
160 (duration) yrs. mos. 12 Hrs.
CONTRIBUTORY Acute Inguinal Hernia
(SECONDARY) no fossils (duration) yrs. mos. ds.

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) Dr. John [Signature] M. D.
7/6, 1927 (Address) 1109 1/2 288 Joseph St

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hount Olivet Cemetery. DATE OF BURIAL July 8 19 27

20. UNDERTAKER H.O. Sidenfaden. ADDRESS 1802 Union St

A. 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.

