

SEP 26 1927

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

Do not use this space.

23656

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 100TCity St. Joseph(No. 3105 Olive Street, St. Ward)

File No.

Registered No. 876

St. Ward)

2. FULL NAME Kazmier Wiezorek(a) Residence, No. 3105 Olive Street, St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Sophia Wiezorek6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7158

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Coal Miner

(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)

Poland10. NAME OF FATHER Ignes Wiezorek

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Poland12. MAIDEN NAME OF MOTHER Katherine Ziliniski13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Poland14. INFORMANT Lottie E Wiezorek

(Address)

3105 Olive Street15. FILED 15 19 1927John G. W.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 12, 1927

17.

I HEREBY CERTIFY That I attended deceased from Sept 12, 1927, to Aug 12, 1927that I last saw him alive on Aug 12, 1927, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute valvular Heart
Fusion131CONTRIBUTORY Chronic Bright Disease (duration) 15 yrs. mos. ds.(SECONDARY) (duration) 3 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 A. Wier, M. D.8/12, 19 27 (Address) 1097 W 8 St Joseph Mo

*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

DATE OF BURIAL

Mount Olivet CemeteryAugust 16th 27

20. UNDERTAKER

ADDRESS

H. D. Sidenfader1802 Union St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

