

SEP 26 1927

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

23661

## 1. PLACE OF DEATH

County... BuchananRegistration District No. 85

Township.....

Primary Registration District No. 100City... St. Joseph(No. 718 South 24th Street)

File No.....

Registered No. 821

St. .... Ward)

2. FULL NAME Josephine Ziolkowski(a) Residence, No. 718 South 24th 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 51 yrs. mos. ds. How long in U.S., if of foreign birth? 51 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 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

Vincent Ziolkowski6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15, 1863

## 7. AGE

YEARS

MONTHS

DAYS

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

64429

## 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 employee).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Unknown(STATE OR COUNTRY) Germany10. NAME OF FATHER Martin Wegenek11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown(STATE OR COUNTRY) Germany12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown(STATE OR COUNTRY) Germany

## 14.

INFORMANT

Casimir F. Ziolkowski

(Address)

718 South 24th Street

## 15.

FILED

15 1927

REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 14, 1927

## 17.

I HEREBY CERTIFY, That I attended deceased from Aug 14 1927, to Aug 14 1927, that I last saw him or alive on Aug 14 1927, and that death occurred, on the date stated above, at 3:10 P.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage 821  
7421 97  
Arterio-Sclerosis 20 minutes  
CONTRIBUTORY (SECONDARY) not determined  
(duration) .... yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) Gordon D. Wright, M. D.8/15, 1927 (Address) 845 So 18th St. St. Joe, 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 CemeteryAug. 17 1927

## 20. UNDERTAKER

## ADDRESS

H.C. Schenck1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

