

SEP 26 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan
 Township Washington
 City St. Joseph

Registration District No. 86
 Primary Registration District No. 5107
 (No. Kirschners Addition)

File No. 23717
 Registered No. 42
 St. _____ Ward _____

2. FULL NAME

Mary Alaxun

(a) Residence. No. Kirschners Addition St. _____ Ward _____
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. _____ da. _____
 How long in U.S., if of foreign birth? 35 yrs. mos. _____ da. _____

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

Martin Alaxun

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
55 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Household

(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) Russia

PARENTS

10. NAME OF FATHER Larry Saulan

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

12. MAIDEN NAME OF MOTHER Anna Grominsky

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

14.

INFORMANT Martin Alaxun
 (Address) Kirschners Addition

15.

FILED 8-6, 1927
J. J. Gansbach
 REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 5, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1927, to Aug. 5, 1927
 that I last saw h. Aug 4 alive on Aug 4, 1927, and that death occurred, on the date stated above, at 4/50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia Comp from Chronic
Interstital nephritis
H/P

18. WHERE WAS DISEASE CONTRACTED 5 SE (duration) 2 yrs. mos. _____ da. _____
 CONTRIBUTORY Personel Aschesins
 (SECONDARY) from Interstital Nephritis
 (duration) _____ yrs. mos. _____ da. _____

18. WHERE WAS DISEASE CONTRACTED 1244
 IF NOT AT PLACE OF DEATH, _____

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 IF NOT AT PLACE OF DEATH, _____

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 IF NOT AT PLACE OF DEATH, _____

18. WHERE WAS DISEASE CONTRACTED 1244
 IF NOT AT PLACE OF DEATH, _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mount Olivet Cemetery

Aug. 8 1927

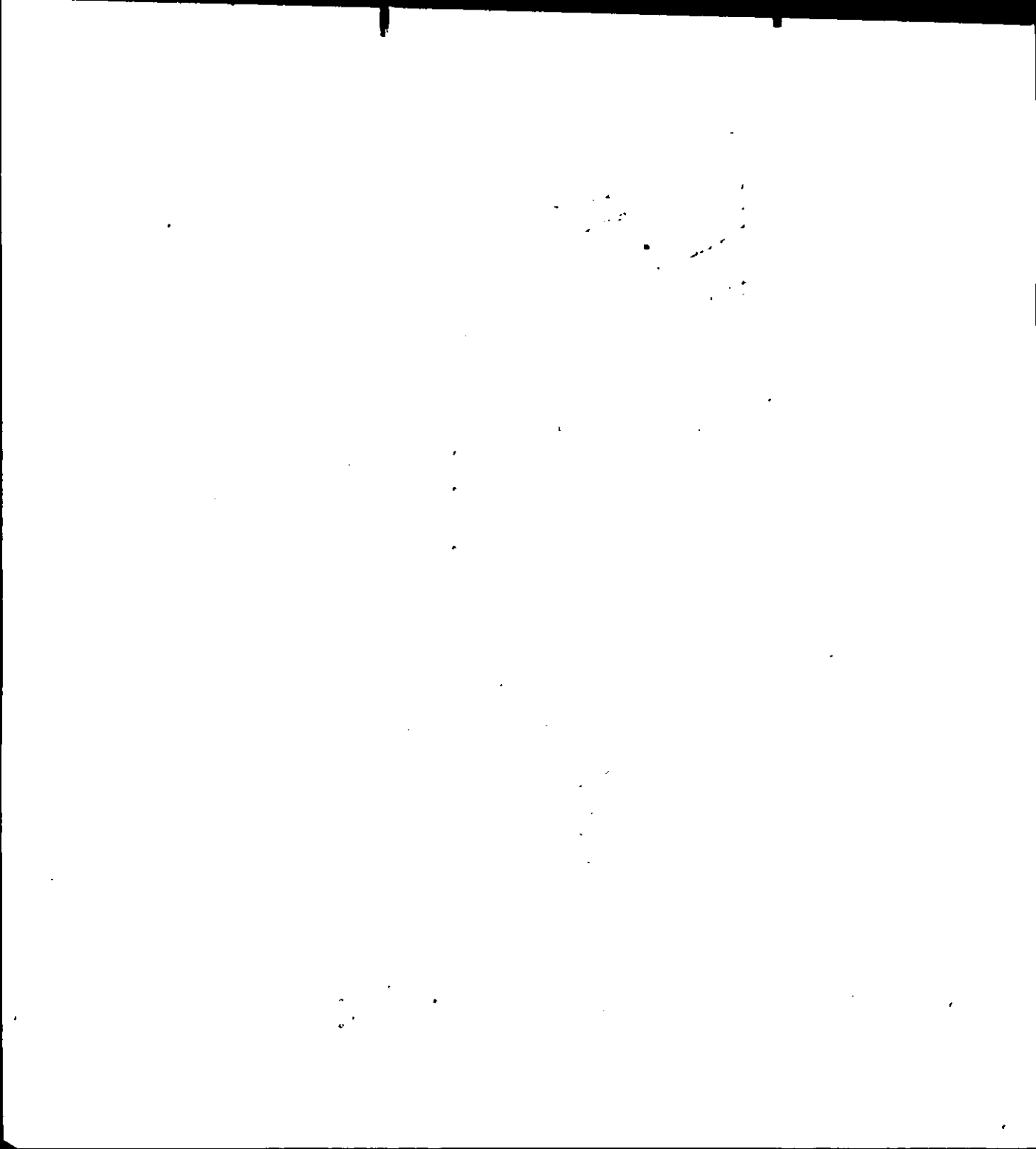
20. UNDERTAKER

ADDRESS

H. B. Stidenfaden

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.



Name: Mary Alaxun

Who died at: Buchanan Co. on Aug. 5, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Uremia Coma from
Chronic Interstitial Nephritis

Contributory: Peritoneal adhesions from
Intestinal growth

Where was disease contracted? This was an intestinal tumor. Diagnosis made from
clinical symptoms. No autopsy

Did operation precede death? _____ Date of No Operation

Was there an autopsy? _____ What test confirmed diagnosis? Probably carcinoma
of sigmoid

Name of physician: Carl Potter M.D.

Address of physician: 731 Faraon St., St. Joseph, Mo.

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