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

Do not use this space.

31216

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.

Nov 28 1927

1. PLACE OF DEATH
County: Polk
Township: Marion
City: (No. St. Ward)
Registration District No.: 701
Primary Registration District No.: 6930
File No.:
Registered No.: 52

2. FULL NAME: Francis Fiala

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Frank Fiala

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 26 1858

7. AGE: Years 68 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

PARENTS
10. NAME OF FATHER: Frank Bidnar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bohemia
12. MAIDEN NAME OF MOTHER: Krisek
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

14. INFORMANT: Frank Fiala
(Address): Bolivar

15. FILED Oct 12, 1927 J. F. Robert, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1927, to Oct 12, 1927, that I last saw h. alive on Oct 11, 1927, and that death occurred, on the date stated above, at 11-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Intestinal Auto Toxic Shock
95 B.P.M.
(duration) 3 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY): Pelpsical Exhaustion
(duration) yrs. 9 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? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) T. V. Lunsford, M. D.
Oct 12, 1927 (Address) Bolivar 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: Karlin Cem — DATE OF BURIAL: Oct 13 1927
20. UNDERTAKER: Hutchison Bros — ADDRESS: Bolivar