JAN 3 1928

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.

PERMANENT RECORD

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

Do not use this space.

File No. 32782

Registered No. 1167

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 Primary Registration District No. 1001

Township

City St.Joseph. (No. St.Joseph,s Hospital St. Ward)

2. FULL NAME Casimerie Zawatzsky

(a) Residence. No. 918 South 23 Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 8 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

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 Peter T Zawatzky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr.17.1899.

7. AGE: Years 28, Months 8, Days 27. If LESS than 1 day, ...hrs. or ....min.

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) St.Joseph.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Simon Wegenek

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

12. MAIDEN NAME OF MOTHER Petroline Garlisinski

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

14. INFORMANT Peter T Zawatzsky
(Address) 918 South 23 Street

15. FILED Nov 16 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1927, to Nov 14, 1927, that I last saw her alive on Nov 14, 1927, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute appendicitis
12 | 17 B
1[illegible] / 7 B
(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Sep. Parotitis
(duration) ... yrs. ... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 918 So 23

Did an operation precede death? Yes Date of Nov 11

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M.D. Nov 15 1927. (Address) [illegible]

*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: Mount Olivet Cemetery

DATE OF BURIAL: Nov.18. 1927.

20. UNDERTAKER: H.O. Sidenfaden

ADDRESS: 1802 Union Str.