

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

Do not use this space.

**1. PLACE OF DEATH**

County Bubhanan  
Township.....  
City St. Joseph (No.....)

Registration District No. 85  
Primary Registration District No. 1001

File No. 7909  
Registered No. 353  
St. .... Ward)

**2. FULL NAME Katie Durnuch**

(a) Residence. No. 215 Arizona Ave. St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 14 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>8</u>	<u>3</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Batanau  
(STATE OR COUNTRY) Austria-Hungary

10. NAME OF FATHER Iota Ander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Batanau  
(STATE OR COUNTRY) Austria-Hungary

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Batanau  
(STATE OR COUNTRY) Austria-Hungary

14. INFORMANT Tom. Durnuch

(Address) 215 Arizona Ave.

15. FILED 20 1928 REGISTRAR John G. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/2 to 3/19 that I last saw h. et. alive on 3/2 and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

45) Carcinoma of rt. ovary, 3 1/2 y. of gen. carcinomatous  
(duration) yrs. 13 mos. ds.

CONTRIBUTORY (SECONDARY) 43  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? N DATE OF.....

20. WAS THERE AN AUTOPSY? N

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) C. S. [Signature], M. D.  
3/29, 1928 (Address) 101 1/2 W. Wood

\*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

Ashland Cem.

DATE OF BURIAL March 21, 1928

20. UNDERTAKER

Fred A. Clark, 5025 King Hill

ADDRESS

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.

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