22 1928

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

Do not use this space.
29788

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph (No. 807 So. 18. St. Ward)

File No.
Registered No. 1098

2. FULL NAME Anna Kamler

(a) Residence. No. 807 So. 18th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widdowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert F. Kamler.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22, 1858.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	4	25	

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) Gonzellas, Texas
(STATE OR COUNTY) Texas

PARENTS
10. NAME OF FATHER Agust Budniakowski
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Barbara Picseczki
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ------
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Victoria Bunkowski
(Address) & 724 So. 22.

15. FILED Sep 18, 1928 John G. Foth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17, 1928

17. I HEREBY CERTIFY, That I attended deceased from viewed remains, 1928, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myo Carditis
92 D.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 906

(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? Unknown
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & History
(Signed) J. E. Mecys, M. D.
Sept. 19 28 (Address) Kirkpatrick Bldg.

*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: Mt. Olivet Cemetery — DATE OF BURIAL: Sept. 20, 1928

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: 1802 Union St.

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.