V 20 1928

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

Do not use this space.
32819

1. PLACE OF DEATH

County: Buchannan — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 1214
City: St. Joseph. (No. 1106 South 17th Street. St. Ward)

2. FULL NAME Kunegunda Anna Czernicki.

(a) Residence. No. 1106 South 17th Street. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U.S., if of foreign birth? 54 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White.	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Czernicki.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 3, 1849.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	79	9	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(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) Germany.

PARENTS
10. NAME OF FATHER Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Mrs Mary Singleton.
(Address) 1509 South 20th Street.

15. FILED Oct 24 1928 John G. Ott REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct 23, 1928, that I last saw h. alive on Oct 23, 1928, and that death occurred, on the date stated above, at 8:00P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch Myocarditis
93C
11A Pneumonia
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 8 da.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Martin Harlesman, M. D
10/24, 1928 (Address) Kresgeville 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 Mount Olivet Cemetery. — DATE OF BURIAL Oct. 26, 1928
20. UNDERTAKER H. C. Sudenfaden — 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.