

JAN 28 1929

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

42125

## 1. PLACE OF DEATH

County HallRegistration District No. 226Township HaverhillPrimary Registration District No. 5-5-8City Gloucester (No. 9)File No. 43Registered No. 43St. Ward

## 2. FULL NAME

(a) Residence. No. Gloucester 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)

single

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

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

Sept. 9 - 27

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.  
or min.1327

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Gloucester

(STATE OR COUNTRY)

mo

## 10. NAME OF FATHER

Tony

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

## 12. MAIDEN NAME OF MOTHER

unknown

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

## 14.

INFORMANT

(Address)

John KralakGloucester

## 15.

FILED 12-10-1928J. J. Drewicz

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

12-5-1928

## 17.

I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1928, to Dec. 5, 1928that I last saw her alive on Dec. 4, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

119 BAcute Gastro-intestinal infection

(duration)

yrs.

mos.

ds.

## CONTRIBUTORY (SECONDARY)

1135

(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?

NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

E. R. Motter

M. D.

12/6-1928 (Address)Hannibal, 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

## DATE OF BURIAL

St. Mary Cemetery12-6-1928

## 20. UNDERTAKER

## ADDRESS

James O'HaraHannibal, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK

