

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

Do not use this space.

1722

1. PLACE OF DEATH

County... Jackson
Township... Kan
City... Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Marys Hospital)

File No. 314
Registered No. 314
St. St. Marys Hospital Ward

2. FULL NAME Della Jelinek

(a) Residence. No. Nowata Oklahoma St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

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

John Jelinek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 4 27 2 min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Valentine Hoffman

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

12. MAIDEN NAME OF MOTHER No record

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

14. INFORMANT John Jelinek
(Address) Nowata Oklahoma

15. 1-22-29 M. Curran
FILED Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10 19 29, to Jan. 20 19 29
that I last saw h. or alive on Jan. 20 19 29 that death occurred, on the date stated above, at 5.55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Home

DID AN OPERATION PRECEDE DEATH? no. DATE OF *

WAS THERE AN AUTOPSY? Yes

WHEN TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Gen. H. K. Krumpholtz M. D.

Jan. 20 19 29 (Address) 1814 Fed. Res. Bank 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 DATE OF BURIAL

Chicago Ill.

20. UNDERTAKER

H.W. Gates

Jan. 22 19 29
ADDRESS

K.C.K.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

