

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

Do not use this space.

5564

**1. PLACE OF DEATH**

County Buchanan Registration District No. 1001 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 231  
 City St. Joseph Mo. (No. St. Joseph Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mary Dabbas Fiasal**

(a) Residence. No. 109 No. 15th 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 6 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

**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 James Fiasal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19, 1881

7. AGE YEARS MONTHS DAYS, IF LESS than 1 day, ..... hrs. or ..... min.  
47 10 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. House-wife  
 (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) Seria

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

14. INFORMANT James Fiasal  
 address 109 North 15th

15. FILED 25 19 1929  
John J. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 22 19 29

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to Feb 22, 1929, that I last saw h. al. alive on Feb 22, 1929, and that death occurred, on the date stated above, at 9-30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of uterus

CONTRIBUTORY (SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH ✓

1 DID AN OPERATION PRECEDE DEATH, No DATE OF April 1928  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Microsc  
 (Signed) John J. [Signature], M. D.  
Feb. 23 19 29 (Address) St. Joseph 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 Mt. Olivet Cemetery DATE OF BURIAL Feb. 25 19 29

20. UNDERTAKER H. O. Sidenfader 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.

1929

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FEB 25 1929

