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

Do not use this space.

11 DR 23 1929 6 9

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 9676

Township — Primary Registration District No. 1001 — Registered No. 383

City St. Joseph. (No. 623 Alabama Street St. Ward)

2. FULL NAME Patrica Maleski

(a) Residence. No. 623 Alamabama Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 16 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4. 1928.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	3	16	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph. (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Dewey Hodgins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph. (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Josephine Maleski

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph. (STATE OR COUNTRY) Missouri

14. INFORMANT Josephine Maleski (Address) Halls, Mo. R F D No. 1

15. FILED MAR 21 1929 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March. 20. 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to Mar 20, 1929, that I last saw her alive on Mar 15, 1929, and that death occurred, on the date stated above, at 11/45. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malnutrition

107A

156

(duration) yrs. mos. 34 ds.

CONTRIBUTORY (SECONDARY) Broncho-pneumonia

(duration) yrs. mos. 5 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? clinical

(Signed) W. A. Robertson, M. D

Mar. 21 1929 (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	DATE OF BURIAL
Mount Olivet Cemetery	Mar. 22. 1929
20. UNDERTAKER	ADDRESS
H. O. Sidenfaden	1802 Union Str

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.