11

MAY 23

6

9

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

85

Do not use this space.

13879

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 456

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Margaret Kobett

(a) Residence. No. Pettipiers Addition 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	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 Jacob Kobett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 23, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	1	10	

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

23 5

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Austria

3

PARENTS

10. NAME OF FATHER Peter Rosilch

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

3

12. MAIDEN NAME OF MOTHER Unknown

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

3

14. INFORMANT James Kobett
(Address) Pettipiers Addition

15. FILED 4/4, 1929 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1929, to Apr. 2, 1929 that I last saw her alive on Apr 2, 1929, and that death occurred, on the date stated above, at 1-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Second degree burns over body Can of furniture polish on stove

(duration) yrs. mos. 3 ds.

Exploded. Accidental

24

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Pettipiers add.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frank Hartigan, M. D.

Apr. 4, 1929 (Address) Kinkpatrick 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
Mt. Olivet Cemetery	Apr. 5 1929
20. UNDERTAKER	ADDRESS
H. O. Siderfaden	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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD