

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

Do not use this space.

17298

JUN 2 1929
 6
 9
 26
 2
 31
 31
 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.

1. PLACE OF DEATH

County Buchanan
 Township.....
 City St. Joseph (No.) St. Ward)

Registration District No. 85
 Primary Registration District No. 1001

File No.
 Registered No. 576

2. FULL NAME

Josephine Dersky
 (a) Residence. No. State Hosp # 2 St. Ward.

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | married

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

Stanley Dersky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19, 1880

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

48 | 7 | 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate State Hosp # 2
 (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) Germany

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records (Address) State Hosp # 1, St. Joseph, Mo.

15. FILED 8 19 1929 REGISTRAR J. L. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1929

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1929, to May 6, 1929. that I last saw h... alive on May 5, 1929, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas
 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Tuberculosis
 (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... at Place of death

DID AN OPERATION PRECEDE DEATH... no DATE OF 2
 WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Findings
 (Signed) J. P. [Signature], M. D.
 Address State Hosp # 2

*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 May 10 1929

20. UNDERTAKER ADDRESS
H. Sidenfaden 1802 Union St.

200
100
10