

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

26998

**1. PLACE OF DEATH**

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

Registration District No.....  
Primary Registration District No. 1001

85

File No.....  
Registered No. 956  
St. .... Ward)

**2. FULL NAME** Mathilde Celia Malson

(a) Residence. No. .... St. .... Ward. Wathena Kansas  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Clifford Malson</b>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 6, 1898</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>30</u>	<u>2</u>	<u>4</u>	

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)..... Wathena  
(STATE OR COUNTRY)..... Kansas

<b>PARENTS</b>	10. NAME OF FATHER..... <u>George Frankovitch</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY)..... <u>Austria Hungary</u>
	12. MAIDEN NAME OF MOTHER..... <u>Mary Studer</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY)..... <u>Austria Hungary</u>

14. INFORMANT..... Mr Clifford Malson  
Address..... Wathena Kansas

15. FILED..... Aug 12 1929  
John G. Vth  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) August 10 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1929, to Aug 9, 1929, that I last saw h. or alive on Aug 9, 1929, and that death occurred, on the date stated above, at 12-20 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar pneumonia  
IIA)  
108

CONTRIBUTORY (SECONDARY) Influenza  
(duration)..... yrs. .... mos. 5 ds.  
(duration)..... yrs. .... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH..... Kansas Ok, no  
DID AN OPERATION PRECEDE DEATH?..... no DATE OF.....  
WAS THERE AN AUTOPSY?..... no.  
WHAT TEST CONFIRMED DIAGNOSIS..... Cerebro  
(Signed)..... Walter H. ... M. D.  
Aug. 10 19 29 (Address) Empotrees 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..... Wathena Kansas  
DATE OF BURIAL..... Aug. 12 19 29

20. UNDERTAKER..... H O. Sidenfader  
ADDRESS..... 1802 Union St.

WRITE 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.

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AUG 12 1929  
26998

