

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

Do not use this space.

27076

1. PLACE OF DEATH

County Buchanan Registration District No. 82
 Township Washington Primary Registration District No. 5127
 City St Joseph Mo. No. R.F.D. #4 - Savannah Road St. _____ Ward _____

File No. _____
 Registered No. 63

2. FULL NAME

Mrs Mary Rachael Rozitsky
 (a) Residence. No. R.F.D. #4 Savannah Road 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home
 (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) Russia

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT William Rozitsky
 (Address) St Joseph Mo

15. Aug 22 1929 REGISTRAR J. J. Binschke

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1929, to Aug 21, 1929 that I last saw him alive on Aug 21, 1929, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
107 Broncho pneumonia
879 Paralysis agitans

(duration) 2 yrs. 3 mos. 3 ds.
 CONTRIBUTORY to Broncho pneumonia
 (SECONDARY) (duration) 7 yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 100%
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
 (Signed) J. Kanyisser, M.D.

Aug 22, 1929 (Address) 209 7th Ave, 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 Shaare Sholem DATE OF BURIAL Aug 22 1929

20. UNDERTAKER Heiman Funeral Home ADDRESS 1946 Colburn

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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