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

Do not use this space.

170

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 12

City St Joseph (No. 1325 South 22 Street St. Ward)

2. FULL NAME Martha Olish

(a) Residence. No. 1325 So. 22 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 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 Frank Olish

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 22, 18~~59~~ 61

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
~~70~~ 68	2	~~00~~ 11	

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) own Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Prussia
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Jacob Pyszora

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

12. MAIDEN NAME OF MOTHER Mary Zarentowska

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

14. INFORMANT Mrs W.S.Borkowski
(Address) 1325 So.22 St.- St. Joseph Mo

15. FILED Jan. 6, 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 72 h January 1928, to January 1, 1930 that I last saw her alive on Jan 1, 1930, and that death occurred, on the date stated above, at 4/55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis 93 C
132 A
(duration) ?102 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Neph. Hypertension
(duration) ? yrs. mos. 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) Mark Hartigan, M. D.

Jan. 3, 1930 (Address) Kirkpatrick 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	Jan. 6 1930
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 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.