APR 23 1930

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

Do not use this space.

7797

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 340
Township — Primary Registration District No. — Registered No.
City St Joseph (No. 306 No 13th St. Ward)

2. FULL NAME Dora Korbholz
(a) Residence. No. 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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3 1867

7. AGE — YEARS 62 — MONTHS 11 — DAYS 11 — IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kelem
(STATE OR COUNTRY) Russia Poland

PARENTS
10. NAME OF FATHER Harry Morris Rositzky
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia Poland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lottie Rachel —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia Poland
(STATE OR COUNTRY)

14. INFORMANT S. M. Korbholz
(Address) Clarinda Iowa

15. FILED MAR 17 1930 19 John G. Utz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1929, to March 14, 1930, that I last saw her alive on March 1, 1930, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82A apoplexy
97
102 Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteries sclerosis, high blood Pressure (duration) 5 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? Physical findings
(Signed) J. Kangisser, M. D.
3/14, 1930 (Address) 209 Logan 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 Shaare Sholem — DATE OF BURIAL Mar 16 1930

20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1946 Colhoun

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.