APR 23 1930

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

Do not use this space.

85

7824

1. PLACE OF DEATH

County: Buchannan — Registration District No.: 85 — File No.: 7824

Township: — Primary Registration District No.: 1001 — Registered No.: 371

City: St. Joseph. (No. 814 Warsaw Avenue. St. Ward)

2. FULL NAME: Carolina Uzynski.

(a) Residence. No. 814 Warsaw Avenue. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Frank J. Uzynski.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): October 17 1859.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	5	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): New City. G
(STATE OR COUNTRY): Germany.

PARENTS
10. NAME OF FATHER: John Sciecinka.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Germany.

14. INFORMANT: Frank Uzynski.
(Address): 814 Warsaw Avenue.

15. FILED: MAR 24 1930 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1930, to Mar 22, 1930, that I last saw her alive on Mar 22, 1930, and that death occurred, on the date stated above, at 8.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
108
458
97 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Heart disease
Arterio sclerosis Gen
(duration) 1 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

5/1000

(Signed) [illegible] M. D.
3/23 1930 (Address) St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or if 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
Mount Olivet Cemetery.	March 25 1930
20. UNDERTAKER: A. O. Siderfaden.	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.