

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

Do not use this space.

15399

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Flower Hospital)

File No. _____
Registered No. 622
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 722 Thompson 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. 1 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>0</u>	<u>7</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Joe Poleck

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

12. MAIDEN NAME OF MOTHER Bessie Stecker

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

14. INFORMANT Joe Poleck
(Age) 722 Thompson St. St. Joseph Mo

15. FILED 24 1930
John V. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to May 11, 1930, and that I last saw her alive on May 11, 9, 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
15-9 7th month
(duration) yrs. mos. 1 da.

CONTRIBUTORY (SECONDARY) Prematurely born
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1610
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) William A. Robertson, M. D.
May 14, 1930 (Address) 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 King Hill Cem DATE OF BURIAL May 24, 1930

20. UNDERTAKER Heeman Funeral Home ADDRESS 1946 Colham

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.

JUN 24 1930

