WRITE PLAINLY, 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.

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

Do not use this space.

16043

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1951
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Kansas City Gen'l Hosp St. ..... Ward)

2. FULL NAME Marie Nowak
(a) Residence. No. 4106 Garfield St. 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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) May 14, 1858

7. AGE: YEARS 71 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none — 95B 82D
(b) General nature of industry, business, or establishment in which employed (or employer): 95A
(c) Name of employer

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

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Record Clerk
(Address) K C General Hosp.

15. FILED 5/6, 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-29, 1930, to May 4, 1930 that I last saw her alive on May 4, 1930 and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Auricular Fibrillation
Hypertensive Heart
Disease
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hemiplegia
(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? Clin Find.
(Signed) P E Williams, M. D.
5-5, 1930 (Address) Supt K.C. Gen. Hosp

*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: Union Cem — DATE OF BURIAL: 5-7 1930

20. UNDERTAKER: Ketterlin — ADDRESS: K.C. Mo.