

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

32697

## 1. PLACE OF DEATH

County Harrison  
 Township Cainsvill  
 City Cainsvill (No. ....)

Registration District No. 336  
 Primary Registration District No. H199

File No. ....  
 Registered No. 15  
 St. .... Ward

2. FULL NAME Anna Skakal

(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 F 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 Jo Skakal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7 17 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 3 14

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

## 9. BIRTHPLACE (CITY OR TOWN) .....

(STATE OR COUNTRY) Bohemia

10. NAME OF FATHER Frank Kokesch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Bohemia

12. MAIDEN NAME OF MOTHER Anna Vencorva

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Bohemia

14. INFORMANT Charles Kokesch

(Address) Cainsville Mo

15. FILED 10/31 1930 E E Odum

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 30 19 30

17. I HEREBY CERTIFY That I attended deceased from Oct. 20 19 30 to Oct. 31 19 30 that I last saw him alive on 10 30 19 30 and that death occurred, on the date stated above, at 4:30 p.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A

CONTRIBUTORY (SECONDARY) .....

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: .....

8 DID AN OPERATION PRECEDE DEATH? .....

DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS: .....

(Signed) H. Nally, M. D.

11-1-30 (Address) Cainsville 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

Bohemia Cem-

## DATE OF BURIAL

11 1<sup>st</sup> 1930

## 20. UNDERTAKER

C W Estep Cainsville

## ADDRESS

Mo

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.

THIS IS A PERMANENT RECORD

NOV 24 1930

