

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

Do not use this space.

12275

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
**1008**  
Primary Registration District No. **3115 a. Geyer Ar**

File No.....  
Registered No. **3537**  
St. .... Ward.....

**2. FULL NAME**

(a) Residence. No. **3115 a Geyer** St., **17** 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 **White**  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED **widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 7 - 1874**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**57 2 12**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housework**  
(b) General nature of industry, business, or establishment in which employed (or employer) **at home**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Concordia Mo. 1**

10. NAME OF FATHER **John Strogasca**

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

12. MAIDEN NAME OF MOTHER **Mathilda Eitel**

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

14. INFORMANT **Mrs J. M. Bohon**  
(Address) **3115 a Geyer Ar**

15. FILED **22 1001** 19 **Mar 22 1931** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 19 1931**

17. I HEREBY CERTIFY, That I attended deceased from **June 1930** to **May 19 1931** that I last saw her alive on **Mar 19 1931** and that death occurred, on the date stated above, at **11:05 a. m.**

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

**Acute Cardiac dilatation**  
**133A**  
**95B** (duration) yrs. mos. ds.  
CONTRIBUTORY **Pyonephrosis** (SECONDARY) (duration) **2** 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  
(Signed) **E. M. Atkins** M. D.  
**3-20-1931** (Address) **3012 Lafayette**

\*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 DATE OF BURIAL  
**Sedalia Mo** **Mar 23 1931**

20. UNDERTAKER ADDRESS  
**Petz Bros 3029 Lafayette Ave**

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.

