

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

Do not use this space.

17245

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Paplar Bluff Primary Registration District No. 5731
City (No.) St. Ward)

File No.
Registered No. 106

2. FULL NAME

Ira E. Szymorek
(a) Residence, No. 2 1/2 Mi. S. Paplar Bluff Mo. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .. hrs. or .. min.
	<u>60</u>	<u>3</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 923

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER FATHER 13. NAME John Livingston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Jane Culver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Jackson B. Szymorek

(ADDRESS) Paplar Bluff Mo R 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutton Valley Mo DATE May 21 1931

19. UNDERTAKER Chas. Phillips

(ADDRESS) Paplar Bluff Mo

20. FILED May 21 1931 (B) Cluis Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1931

22. I HEREBY CERTIFY, That I attended deceased from May 19 1931, to May 19 1931. I last saw her alive on May 19 1931. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Endocarditis
923
923
923

Name of operation

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Chas. Phillips, M. D.
(Address) Paplar Bluff Mo

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.

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