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

Do not use this space.

20639

File No. ____
Registered No. 654

85

1. PLACE OF DEATH

County: Buchanan
Registration District No. ____
Township: ____
Primary Registration District No. 1001
City: St. Joseph (No. St. Joseph Hospital St. ____ Ward)

2. FULL NAME: Helen Kowilsky

(a) Residence, No. 2511 south 15 street 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.

JUN 22 1931

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 15, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	15	9	8	

OCCUPATION

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

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) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Stanley Kowilsky

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Marie Schumney

16. BIRTHPLACE (CITY OR TOWN) Atchison
(STATE OR COUNTRY) Kansas

17. INFORMANT Stanley Kowilsky
(ADDRESS) 2511 so. 11 street-St. Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE June 25, 1931

19. UNDERTAKER H. O. Sieden Sieden
(ADDRESS) 1802 Union st. St Joseph Mo.

20. FILED JUN 20 1931 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to June 23, 1931

I last saw h...er alive on June 23, 1931. Death is said to have occurred on the date stated above, at 4:50 P.M.

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

	Date of onset
Meningitis (Strep.)	June 19
Non Epidemic	
19 A	

Other contributory causes of importance:

abrasion left side face	June 17

Name of operation none Date of ____
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home.
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ____

(Signed) Gaston Lanbeau M. D.
(Address) Lenox Bldg. St Joseph Mo.

CAUSE OF DEATH ... stated EXACTLY. PHYSICIAN should state ... property classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County ..... Registration District No. 85

Township ..... Primary Registration District No. 1001

City St. Joseph (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 654

2. FULL NAME Helen Kowilsky

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	S

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

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

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

OCCUPATION

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

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)

FATHER

13. NAME .....

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

MOTHER

15. MAIDEN NAME .....

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

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19....

19. UNDERTAKER ..... (ADDRESS)

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 19...., to ..... 19....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Meningitis (Strep)	
Not Epidemic	
7	

Other contributory causes of importance:

Abrasion left side nose from acne (pimple) which she picked and scratched.

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

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

Specify whether injury occurred in industry, in home, or in public place.

.....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... , M. D.

(Address) .....

SUPPLEMENTARY

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms so that it may be understood by the public. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE FOR FILING THIS UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-20639