

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

Do not use this space.

27438

1. PLACE OF DEATH

County Berry Registration District No. 147/30
Township Capt. Creek Primary Registration District No. 56
City 5041 (No. 5041) St. Mo. Ward 27

2. FULL NAME

(a) Residence, No. Frank Abramski St. Mo. Ward 27
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Ema Abramski
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1861
7. AGE YEARS 70 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. min.

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

13. NAME Frank Abramski

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

15. MAIDEN NAME Verona Gulanski

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

17. INFORMANT (ADDRESS) John Dombranski

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bricefield Mo DATE Aug 5 '31

19. UNDERTAKER (ADDRESS) Wm. Russell

20. FILED 8/3 1931 H. Ross Clark

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to Aug 2 1931

I last saw him alive on June 31 1931. Death is said

to have occurred on the date stated above, at 5:30 P.m.

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

73C Date of onset

Chronic Phys. Carditis
112 (Dilatation - C. Dupuy)

Other contributory causes of importance:

Chronic Bronchitis Asthma

Name of operation

What test confirmed diagnosis? Phys. Subject Date of no

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

Accident, suicide, or homicide? no Date of injury

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

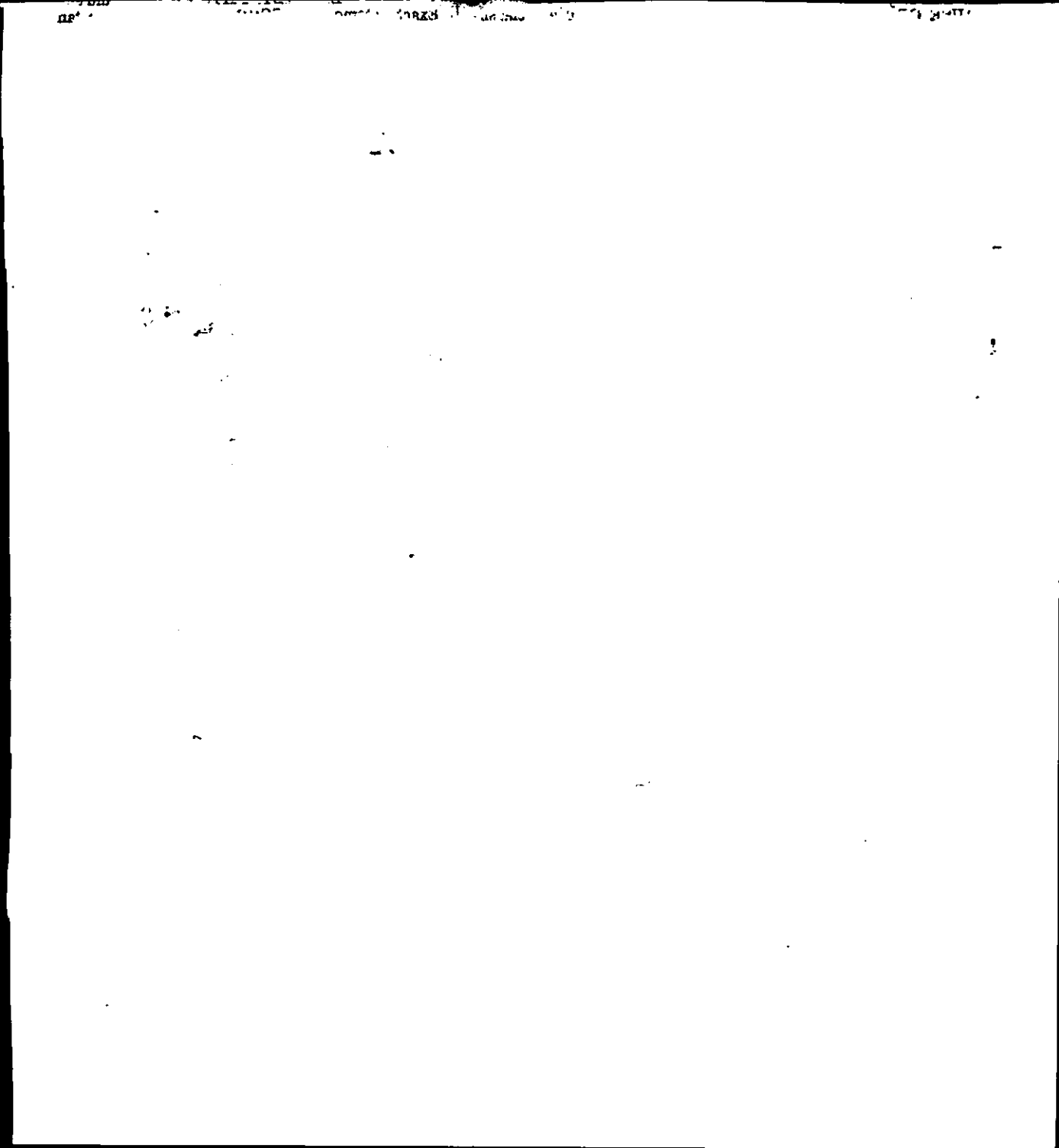
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. Ross Clark, M. D.

(Address) Bricefield Mo

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
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barry Registration District No. 30
Township Capitol Primary Registration District No. 2041
City Frank (No.) St. Ward

2. FULL NAME

Frank Abramski

(a) Residence, No. St. Ward
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1861

7. AGE YEARS 70 MONTHS 3 DAYS - If LESS than 1 day, hrs. or min.

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

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) Poland

13. NAME Chas Abramski

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

15. MAIDEN NAME Verona

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

17. INFORMANT (ADDRESS) John D. Abramski

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS) Wm Wersell

20. FILED 9-4-31 19 W. M. West Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 19 31

22. I HEREBY CERTIFY, That I attended deceased from May 1 19 31 to Aug 2 19 31

I last saw him alive on June 26 19 31 Death is said

to have occurred on the date stated above, at 5:30 P. m.

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

Chronic myocarditis Date of onset
(Examination & autopsy)

Other contributory causes of importance: Chronic Bronchial
asthma

Name of operation Date of

What test confirmed diagnosis Physian 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.

Manner of injury

Nature of injury

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

If so, specify

(Signed) H. Ross Clark M. D.

(Address) Piece City Mo.

RE-ENTRY item of information should be carefully supplied. AGES 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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