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.

DEC 21

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

Do not use this space.

37113

1. PLACE OF DEATH
County Cass
Township Grand River
City Harrisonville (No. ..... , ... St. ..... Ward)
Registration District No. 156
Primary Registration District No. 4090
File No. .....
Registered No. 55

2. FULL NAME Wolf Kowalsky
(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. 60 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Bertha Kowalsky 1870

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1870

7. AGE YEARS 61 MONTHS 9 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Kowalsky
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Ezra Kowalsky 1500 1/2 Troost Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield Cemetery DATE Nov. 29 1931

19. UNDERTAKER (ADDRESS) Rinnenburger Bros Rd Harrisonville Mo.

20. FILED 11/29 1931 A. S. Sing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931, to Nov 27, 1931
Last saw h— alive on ✓, 19..... Death is said to have occurred on the date stated above, at 5:10 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplectic Stroke
82 A

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) J. U. Scott, M. D.
(Address) Harrisonville Mo