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.

APR 29 1932

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

Do not use this space.

9847

1. PLACE OF DEATH

95 County ..... Registration District No. 780 File No. .....

1 Township Ste. Genevieve Primary Registration District No. 6028 Registered No. 20

4 City ..... (No. ....., 441 ..... St. ..... Ward)

2. FULL NAME MARTHA BUKOSKY

(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 [redacted] yrs. 11 mos. 25 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 (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 10 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	10	18	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 235

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) STE. GENEVIEVE, CO. MISSOURI

FATHER

13. NAME SEVERIN KIEFER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STE. GENEVIEVE, CO. MISSOURI

MOTHER

15. MAIDEN NAME CATHERINE GADELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STE. GENEVIEVE, CO. MISSOURI

17. INFORMANT Mrs Rosalie Squires
(ADDRESS) 6614 ALABAMA AVE ST. LOUIS MO

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE ST LOUIS MO. DATE MAR 30 1932

19. UNDERTAKER John Basler
(ADDRESS) Ste. Genevieve Mo

20. FILED Mar 28, 1932 T. W. Douglas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 28, 1932

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 7 30 m.

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

Cerebral Hemmorrhage (Verdict of Jury) 82 A

Date of onset

Other contributory causes of importance:

Name of operation (5) 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) Leo C. Basler Coroner ~~M. D.~~

(Address) Ste. Genevieve Mo