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.

JUN 21 1932

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

Do not use this space.

15324

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 447
City St. Joseph, (No. 2201 South 14th. St. Ward)

2. FULL NAME Mary Markos,
(a) Residence, No. 2201 South 14th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 63 rs. 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: John Adamack,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 12, 1857,
7. AGE: YEARS 74 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework, 82A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home, 82
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Czecho-Slovakia,

FATHER
13. NAME: John Adamack,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Czecho-Slovakia, 3

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Czecho-Slovakia,

17. INFORMANT (ADDRESS): Mrs Chas E. Heryng 2201 South 14th. St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE May 6th. 1932
19. UNDERTAKER (ADDRESS): Heaton-BeGale & Bowman 319 S. 10th. St. Sunrise Home
20. FILED MAY 5 1932 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 4, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to May 4, 1932
I last saw her alive on May 4, 1932 Death is said to have occurred on the date stated above, at 9:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 4 1932
Paralysis Right side of body	

Other contributory causes of importance: 82A

Name of operation Arterio Sclerosis Date of 2 years
What test confirmed diagnosis Physical Examination Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ....., 19....
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. NO
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify 0
(Signed) [illegible], M. D.
(Address) 875 Charles