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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.

OCT 17 1934

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

Do not use this space.

1. PLACE OF DEATH

County Phillips Registration District No. 680  
Township Springcreek Primary Registration District No. 5904  
City Beulah (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 17069-A  
Registered No. \_\_\_\_\_

2. FULL NAME

Anna Jassarowski  
(a) Residence, No. Beulah, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 46 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? 52 yrs. 9 mos. 19 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR WIFE-OF) John Jassarowski  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm housewife  
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) May 14, 1932 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
13. NAME Martin Warkner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT John Jassarowski (ADDRESS) Beulah, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Smaller Cemetery May 21, 1932  
19. UNDERTAKER (ADDRESS) T. W. Osterwald  
20. FILED Oct. 9, 1934 Alpha Capps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1932  
22. I HEREBY CERTIFY, That I attended deceased from May 9<sup>th</sup>, 1932, to May 30<sup>th</sup>, 1932  
I last saw him alive on May 17, 1932 Death is said to have occurred on the date stated above, at 7:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 131  
Other contributory causes of importance: 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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) [Signature] M. D.  
(Address) Beulah, Mo.

