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.

AUG 22 1932

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

Do not use this space.

22019

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 691
City St. Joseph (No. 1325 south 19 street St. Ward)

2. FULL NAME Pauline Mary Wank
(a) Residence, No. 1325 south 19 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 52 yrs. 8 mos. 14 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Constantine Wank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 2, 1879

7. AGE: YEARS 52 — MONTHS 8 — DAYS 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 235
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): St Joseph Missouri 1

FATHER
13. NAME: Wm. Borkowski 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 10

MOTHER
15. MAIDEN NAME: Sophia Koch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Constantine Wank 1325 south 19 st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE July 19, 1932

19. UNDERTAKER (ADDRESS): H. O. Sichenfaden 1802 Union st St Joseph Mo.

20. FILED JUL 18 1932, 19 — John R. Benderez, Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to July 16, 1932
I last saw her alive on July 16, 1932. Death is said to have occurred on the date stated above, at 3:10P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Stroke (lasted 20 minutes)	July 16, 1932
Heart failure (lasted 20 minutes)	7/16/32
Mitral Insufficiency	
Other contributory causes of importance:	
Pulmonary Oedema (20 minutes)	7/16/32
Chronic Myocarditis	1931

Name of operation — Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Gordon D. Wright, M. D.
(Address) 845-2019 St. St. Joseph Mo.