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.

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

Do not use this space.

22770

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No. [illegible]
Township Kaw — Primary Registration District No. — Registered No. [illegible]
City Kansas City (Research Hosp. 1002 St. Ward)

2. FULL NAME Mary Porawski
(a) Residence. No. 1409 Park ave. St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 85 yrs. mos. 1 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: Frank Porawski

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 6 ~ 1854

7. AGE: YEARS 77 — MONTHS 11 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

PARENTS
10. NAME OF FATHER: Joseph Tennis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ills
12. MAIDEN NAME OF MOTHER: Maverra Darsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ills

14. INFORMANT: Frank Porawski
(Address) 1409 Park Ave

15. FILED 7/8, 1932 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 6, 32 19

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to June 6, 1932 that I last saw him alive on 7/5, 1932, and that death occurred, on the date stated above, at 9:24 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Disease
Myocardial Weakness
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (1) Fracture femur - 5 days
(2) Diabetes Mellitus - 20 yrs
(duration) yrs. mos. ds.
3 Generalized arteriosclerosis - yrs duration

18. WHERE WAS DISEASE CONTRACTED? Acc. fall
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 2
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) A C Cleaves, M. D
, 19 (Address) 625 Professional Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elmwood Cemetery — DATE OF BURIAL: July 9 1932

20. UNDERTAKER: Wagner Funeral Home 204 W. Linwood — ADDRESS

1-&4-