

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.

*Walter O Miller
Argyle Bldg*

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

Do not use this space.

35892
4402

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. St. Marys Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Mary Goldie Kamloska

(a) Residence, No. 1104 East 8th St St. 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 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 Henry Kamloska

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1887

7. AGE YEARS 45 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Thomas J Bruner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Callie Peacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Henry Kamloska (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov 23

19. UNDERTAKER Quirk & Tobin Co. (ADDRESS) Linwood & Main

20. FILED 11/23 1932 W E M Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-18-32 to 11-22-32
I last saw him alive on 11-22-32 Death is said to have occurred on the date stated above, at 12, 25 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
(Cerebral) right
shing bed.
Date of onset _____
Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Clue Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (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) W E M Thomas, M. D.
W E M Thomas (Address) Argyle

