

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

Do not use this space.

36169

File No. 73
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jefferson Co Registration District No. 424
Township Big River Primary Registration District No. 5579
City _____ (No. RR #1, Hillsboro Mo.) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Hillsboro Mo RR #1 St. _____ 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Ninc</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11 - 1903</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stenographer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>	13. NAME <u>John Graczyk</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ger</u>	15. MAIDEN NAME <u>Sophia Della</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ger</u>	17. INFORMANT (ADDRESS) <u>John Graczyk Hillsboro Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem</u>	DATE <u>Nov 3 1932</u>
	19. UNDERTAKER (ADDRESS) <u>J. P. Fingler Jr 128 Michigan Ave</u>	
	20. FILED <u>Oct 3 1932</u>	Registrar <u>John H. Roerer</u>

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932 to Nov 1 1932
I last saw h. er alive on Oct 17 1932 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs Date of onset 1928
23A
23B
23C
Other contributory causes of importance:
Hemorrhage of Lungs
Name of operation none Date of x
What test confirmed diagnosis? _____ 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 (1)
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. A. Livingston M. D.
(Address) Hillsboro Mo, R 2

WHITE 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.

JAN 9 1932

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