

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 21 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 2223 south 9 street)

File No. 38466

Registered No. 1179

St. Ward

2. FULL NAME William Zbierski

(a) Residence, No. 2223 south 9 street 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 20 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) St. Joseph (STATE OR COUNTRY) Missouri

13. NAME Frank Zbierski

14. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Margaret Nurski

16. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

17. INFORMANT Frank Zbierski (ADDRESS) 2223 so. 9 st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery PLACE St Joseph Mo. DATE Dec 6

19. UNDERTAKER (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED DEC 6 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932, to Dec 5, 1932

I last saw him alive on Dec 5, 1932 Death is said to have occurred on the date stated above, at 11:45P M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio Sclerosis

Other contributory causes of importance:

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) Dr. E. B. McAdams, M. D. (Address) De Kalb Mo.

