

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

Do not use this space.

2883

1. PLACE OF DEATH

91 County Ripley
Township Varney
City _____ (No. _____) St. _____ Ward _____

Registration District No. 701
Primary Registration District No. 5992

File No. _____
Registered No. 448

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

George Maslanka

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>dont know</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>dont know</u>		
7. AGE <u>65</u>	YEARS <u>✓</u>	MONTHS <u>✓</u>
	DAYS <u>✓</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>farmer 51</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>14</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Poland
(STATE OR COUNTRY) Europe

10. NAME OF FATHER dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Poland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont know
(STATE OR COUNTRY)

14. INFORMANT Wm. Pietrowski
(Address) Pulaski Mo.

15. FILED 1/31 19 33 Stuebner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov 24 1933 to Jan 29 1933 that I last saw him alive on Jan 18 1933 and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

rheumatoid and general debility due to age
(duration) 3 (9) yrs. 3 mos. 0 ds.
CONTRIBUTORY (SECONDARY) possibly following
intermittent (duration) 2 (2) yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 15
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Stuebner M. D.

1/29 19 33 (Address) Naylor Mo
*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 Pulaski Mo DATE OF BURIAL 1/30 19 33

20. UNDERTAKER non official ADDRESS _____

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.

RECORD WITH CHANGING INDEX THIS IS A PERMANENT RECORD

