

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

Do not use this space.

5318

**1. PLACE OF DEATH**

County Franklin Registration District No. 297  
 Township \_\_\_\_\_ Primary Registration District No. 1006  
 City Washington, Mo. (No. St. Francis Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 16  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

Length of residence in city or town where death occurred 10 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 Albert Kosark  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/13/1896  
 7. AGE YEARS 42 MONTHS 8 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Bea, Gasconade Co (STATE OR COUNTRY) mo

13. NAME Henry Holland

14. BIRTHPLACE (CITY OR TOWN) Gasconade Co (STATE OR COUNTRY) mo

15. MAIDEN NAME Emma Burkmause

16. BIRTHPLACE (CITY OR TOWN) Gasconade Co (STATE OR COUNTRY) mo

17. INFORMANT Albert Kosark (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosebud, M.E. Ch. DATE 2/15 1933

19. UNDERTAKER Lane Taylor (ADDRESS) Terald mo

20. FILED Feb 14, 1933 O. S. Murrell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 11, 1933 to Feb 12, 1933  
 I last saw him alive on Feb 12, 1933 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:  
Interstitial nephritis  
12/31  
13/31  
 Date of onset 3  
 Other contributory causes of importance:  
Laparotomy for Spastic ileus 2-8-33

Name of operation Laparotomy Date of 2-11-33  
 What test confirmed diagnosis? Clinical & laboratory 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 places \_\_\_\_\_  
 Manner of injury: \_\_\_\_\_  
 Nature of injury: \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) O. S. Murrell M. D.  
 (Address) Washington, Mo.

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.

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