

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

Do not use this space.

9796

1. PLACE OF DEATH

County Jackson Registration District No.

Township Primary Registration District No.

City Panasas City Mo (No.) Russick Hospital St. 1000 Ward)

File No.

Registered No.

2. FULL NAME

Mrs. Madge Kuznetzoff
(a) Residence, No. 558 Laurel St., Ward. K 6 Kans
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 unk

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Russia

13. NAME Alexander Suchololsky

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

15. MAIDEN NAME Helen Barkofski

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

17. INFORMANT Father, M. Zotolozky (ADDRESS) 558 Laurel St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE March 27, 1933

19. UNDERTAKER John A. Patton & Son (ADDRESS)

20. FILED 3-25-33 M. M. Crouse Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to 3-24, 1933

I last saw her alive on 3-24, 1933. Death is said to have occurred on the date stated above, at m.

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

Acute pancreatitis
12-16
Other contributory causes of importance: Ball Stones
Date of onset

Name of operation 3-19-33 Date of

What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J. Montgomery, M. D.
(Address) 1332 Pinedale

Every item of information should be carefully checked for accuracy. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

