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.

JUL 20 1933

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

Do not use this space.

1. PLACE OF DEATH

5

County Barry — Registration District No. 30 — File No. 18830

Township Casscreek — Primary Registration District No. 5041 — Registered No. 38

City ~~Pulaskifield~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Julia Srednicka

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

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	2	14	

OCCUPATION

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. Housekeeper for her brother a Priest

10. Date deceased last worked at this occupation (month and year) May 29 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

FATHER

13. NAME Peter Moczydlowski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

MOTHER

15. MAIDEN NAME Anna Maczydlowski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

17. INFORMANT (ADDRESS) Rev. Moczydlowski Paulskifiled Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pulaskifield Mo DATE June 10 1933

19. UNDERTAKER (ADDRESS) Tracy J Barry Pierce City Mo

20. FILED 7-6- 1933 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to June 8, 1933

I last saw her alive on June 2, 1933. Death is said to have occurred on the date stated above, at 6.30 A.M.

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

	Date of onset
92 Chronic Myocarditis	?
93 Association with	
Mitral insufficiency	
[illegible]	

Other contributory causes of importance:

Cardiac dropsy	6 mo
Varicose ulcers	1 year
Spinal lordosis dating from childhood.	

Name of operation none Date of —

What test confirmed diagnosis? Phys. Subjective 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) H. Ross Clark, M. D.

(Address) Pierce City, Mo