

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

Do not use this space.

19076

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 5153
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 108

2. FULL NAME

(a) Residence, No. Kansas City, Kansas (Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>w</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>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24, 1877</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>PK</u>
	DAYS <u>N.K.</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>	
	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. <u>7 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
FATHER	13. NAME <u>DK</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>DK</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Mrs. John Bozek, Kansas City, Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City, Kansas</u> DATE <u>June 3, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. W. Wallace, Fulton, Mo.</u>		
20. FILED <u>June 3, 1933</u> <u>R. N. Crews</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from at the home of the accident on June 3, 1933
I last saw her first after the death. Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:
Automobile accident which occurred on U.S. highway no. H.O. 15 miles east of Columbia Mo. from internal injuries to the chest.
Other contributory causes of importance:
DK
Name of operation examination of the body Date of June 3, 1933
What test confirmed diagnosis? DK Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury June 3, 1933
Where did injury occur? U.S. highway, no. H.O. 15 miles east of Columbia, Mo. (Specify city or town, country, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile turned over
Nature of injury Internal injuries to chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) W. J. Jones, M. D.
(Address) Fulton, 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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