

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

Do not use this space.

26699

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Hanness City (No. General Hospital) St. _____ Ward _____

File No. _____
 Registered No. 3459
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3516 Campbell St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Thornton Tracy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3 - 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
30 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hanness
 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) (STATE OR COUNTRY) New Islanda

13. NAME Jerome Kataruka

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Islanda

15. MAIDEN NAME Jepeline Ista

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Islanda

17. INFORMANT Rebecca Clark
 (ADDRESS) General Hospital

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cremated DATE 8-31 1933

19. UNDERTAKER Lepitina Mortuary
 (ADDRESS) 1111 K.C. Ave.

20. FILED 8/31 1933 M. M. Corone
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-27 1933 to 8-29 1933
 I last saw him alive on 8-29 1933 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:
Intestinal obstruction Date of onset _____

Other contributory causes of importance:
Post operative adhesions following salpingectomy 4 yrs ago.

Name of operation _____ 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) P. J. De Maria M. D.

(Address) X. C. Gen. Hosp.

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.

SEP 26 1933

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