

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.

TAX A 1084

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

Do not use this space.

34188

1. PLACE OF DEATH
90 County Reynolds Registration District No. 749
Township Lester Primary Registration District No. 450
City Lester (No. _____) St. _____ Ward _____

2. FULL NAME Clara Evonne Kafelski
(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode) _____
Length of residence in city or town where death occurred 3 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>2</u>	<u>13</u>	

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

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) Lester, Mo.

MOTHER FATHER

13. NAME Fred Kafelski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia, Pa.

MOTHER

15. MAIDEN NAME Clara McMurry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellington, Mo.

17. INFORMANT Fred Kafelski (ADDRESS) Lester, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lester, Mo. DATE 10/11/33

19. UNDERTAKER Norman White (ADDRESS) Lester, Mo.

20. FILED 10/12/33 G. W. J. J. J. Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to Oct 3, 1933
I last saw her alive on Oct 3, 1933 Death is said to have occurred on the date stated above, at 4:00 p. m.
The principal cause of death and related causes of importance were as follows:
Burns
Date of onset _____

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 2, 1933
Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place. home
Manner of injury burn
Nature of injury internal

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) G. W. J. J. J. M. D.
(Address) Lester, Mo.

PHYSICIANS should state
ON is very important.

AGE

Every item of information should be carefully applied.
The following information should be carefully applied.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Caymohals Registration District No. 749 File No. _____
 Township _____ Primary Registration District No. 4450 Registered No. 10
 City Luttenville St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____

E. M. Fitzpatrick
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19_____

I last saw h. _____ alive on _____, 19_____. 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:

Due to wickets catching on to window curtains while latter was putting the clothes which were burned off the skull

Other contributory causes of importance: none

Date of onset _____

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) _____, M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

S-34168