

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Town Independence Primary Registration District No. 3019  
Independence Ward 103

File No. 8780  
 Registered No. 103

**2. FULL NAME**

Agnes J. Dotak  
 (a) Residence, No. 9142 Phoebe St., Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF** John Dotak

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Dec. 6 - 1910

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 3 7

**8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.** House work

**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)** Goway Okla.

**13. NAME** Isadore Duda

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Novato Okla.

**15. MAIDEN NAME** Ruthie Mary Kovick

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Novato Okla.

**17. INFORMANT (ADDRESS)** John Dotak 9142 Phoebe

**18. BURIAL, CREMATION, OR REMOVAL** St. Mary's Church DATE 3-15-34

**19. UNDERTAKER (ADDRESS)** W. G. Garrison Funeral Home Independence Mo

**20. FILED** March 15 1934 Dr. P. L. Cook  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Mar 13 - 1934

**22. I HEREBY CERTIFY, That I attended deceased from** Mar 10, 1934, to Mar 13, 1934

I last saw him alive on Mar 13, 1934. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Pneumonia  
145A  
1459  
 Other contributory causes of importance:  
injury

Name of operation none Date of           

What test confirmed diagnosis? none 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) Fredrick W. Hanks MD, M. D.  
 (Address) 10235 Independence Rd Kansas City 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.

