

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

Do not use this space.

MAY 25 1934

12569

**1. PLACE OF DEATH**

County Greene Registration District No. 319  
Township Springfield Primary Registration District No. 2001  
City Springfield (No. 861 N. Boulevard)

File No. 171  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 861 N. Boulevard 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4-1854</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>1</u>	DAYS <u>16</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>In home</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>
	13. NAME <u>Anthony Picka</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>
	15. MAIDEN NAME <u>Frankelst</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>
	17. INFORMANT (ADDRESS) <u>Luzia A. Klouček Springfield, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park</u> DATE <u>April 23, 1934</u>	
19. UNDERTAKER (ADDRESS) <u>J. W. Klingner &amp; Co. Springfield, Mo.</u>	
20. FILED <u>4-21</u> 19 <u>34</u>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 20, 1934  
22. I HEREBY CERTIFY, That, I attended deceased from April 16, 1934, to April 20, 1934.  
I last saw him alive on April 19, 1934. 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:

Labor Pneumonia Date of onset 10/8

Other contributory causes of importance: \_\_\_\_\_

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? no  
If so, specify not applicable  
(Signed) Springfield Mo, M. D.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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*[Handwritten signatures and stamps at the bottom of the page]*

