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.

JUN 29 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No. 19573
Township — Primary Registration District No. — Registered No. 709
City St. Joseph, (No. 723 South IIth Street St. Ward)

2. FULL NAME Maryana Teresinska (Maryana Teresinska)
(a) Residence, No. 723 South IIth Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Albert Teresinski
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 23, 1876
7. AGE: YEARS 57 — MONTHS 11 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Gerry, Kansas

FATHER
13. NAME: Anton Bratek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Katherine Nemier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Albert Teresinski 723 South IIth Street
18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemt
PLACE St. Joseph, DATE June 21, 1934
19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str St. Joseph, MO.
20. FILED JUN 19 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 18 - 1934
22. I HEREBY CERTIFY, That I attended deceased from 6-16-34, 19..., to 6-18, 1934
I last saw her alive on 6-16-34, 19.... 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:

	Date of onset
Angina Pectoris	6-16-34
94A	
94A	

Other contributory causes of importance: General arteria Schlerosis

Name of operation — 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? — 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) John J. Tucker, M. D.
(Address) St. Joseph MO.