

**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. 35
 Township _____ Primary Registration District No. _____
 City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

File No. 23392
 Registered No. 903

2. FULL NAME Iona Pearl Grabowski

(a) Residence, No. 1601 Bartlett street 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pete Grabowski</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>1</u>
	DAYS <u>25</u>	IF LESS THAN 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) St. Joseph
 (STATE OR COUNTRY) Missouri

13. NAME George Meredith

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

15. MAIDEN NAME Elizabeth Swinney

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

17. INFORMANT Pete Grabowski
 (ADDRESS) 1601 Bartlett street St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cemetery
 PLACE St. Joseph Mo. DATE August 1 1934

19. UNDERTAKER H. O. Sidenfaden
 (ADDRESS) St. Joseph Mo.

20. FILED 7-31-34 19 34
John A. Brander
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3 to July 31, 1934
 I last saw h. or alive on July 31, 1934. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Septic Bacteremia Date of onset July 11-34
93D
310

Other contributory causes of importance:
Myocarditis July 11-34

Name of operation Autopsy Date of 7-4-34
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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 _____

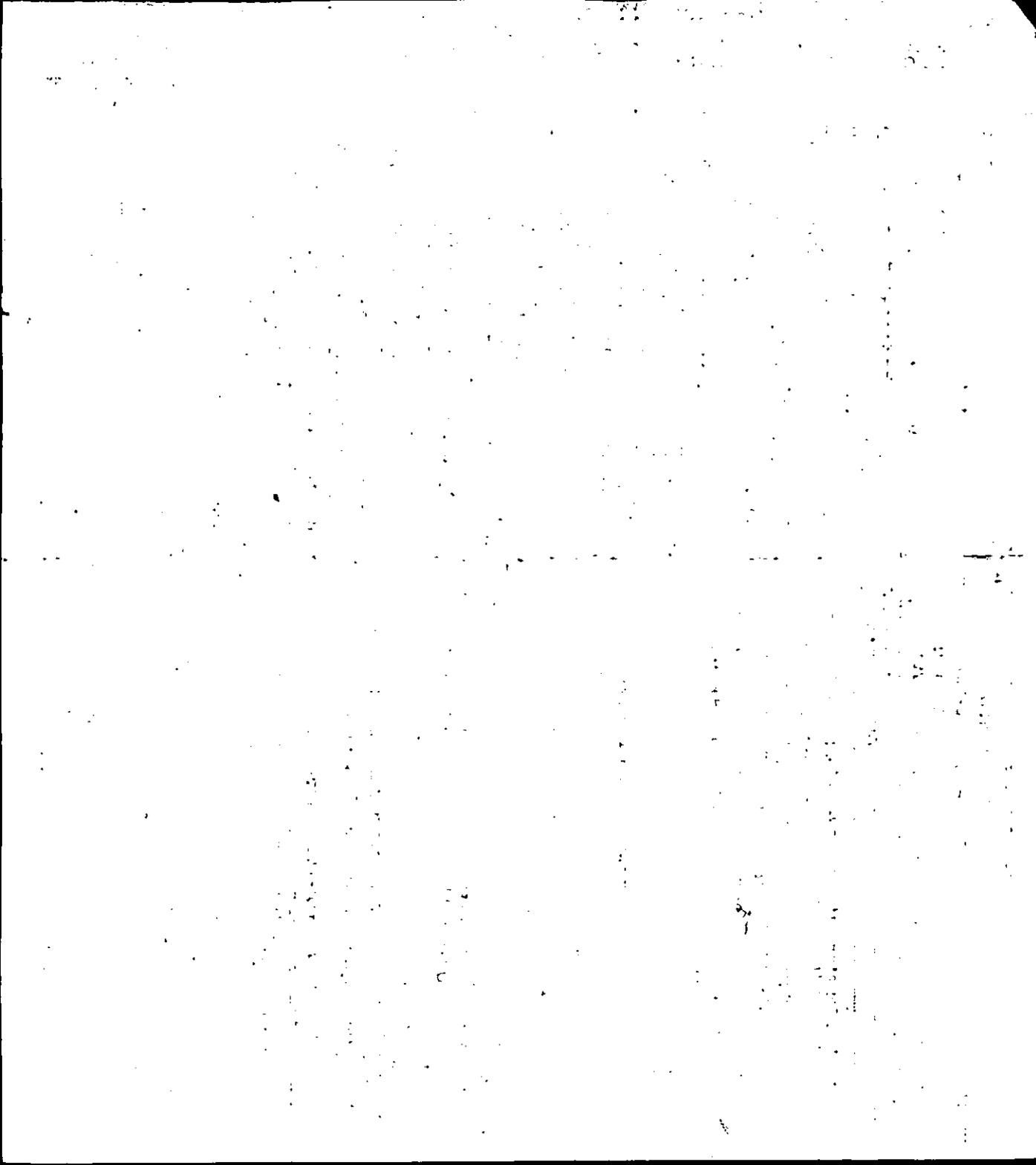
(Signed) John A. Brander, M. D.
 (Address) St. Joseph Mo.

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.

AUG 14 1934

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DEPARTMENT OF COMMERCE

E. T. McLaugh, M. D.,

St Joseph

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

903

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Iona Pearl Grabowski
Who died at _____ on July - 30 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced:

Date of birth _____ Age: Years 48 Months 1 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Septic Knee Joint
not tubercular = mixed infection. cause unknown

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar John R. Bender) Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 85

Primary Reg. Dist. No. 1001

E. T. McLaugh, M.D.

Special Agent.

5-23392

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