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.

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

SEP 20 1934

Do not use this space.

29350

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3751
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo (No. 6810 Agnes St. Ward)

2. FULL NAME Phyllis Jane Wenski
(a) Residence, No. 6810 Agnes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Fe
4. COLOR OR RACE Cu
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1934
7. AGE YEARS MONTHS 2 DAYS 15 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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. Child
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) Mo

FATHER
13. NAME Phillip Wenski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Wilma L. Buttomer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Phillip Wenski
18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill DATE Aug 11 1934
19. UNDERTAKER (ADDRESS) Rose E. Benderson K. C. Mo
20. FILED 8-11 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 10, 1934
22. I HEREBY CERTIFY, That I attended deceased from AUG 6, 1934, to AUG 10, 1934
I last saw her alive on AUG 8, 1934. Death is said to have occurred on the date stated above, at 4:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPOSTATIC PNEUMONIA	AUG. 8 '34
1578	
1578	
1078	

Other contributory causes of importance:

HYDROCEPHALUS	AUG 1 '34
SPINA BIFIDA	BIRTH

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 ...
(Signed) P. C. Quistgart, M. D.
(Address) 6944 Prospect K. C. Mo.

Dr. Quistgard.
over McKee Cleaners.

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Kansas City

5767

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: Phyllis Jane Wenske

Who died at _____ on Aug 10 - 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 6 - 27 - 1934 Age: Years 0 Months 1 Days 13

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) Hypostatic pneumonia

Birthplace of father (State or country) Oroneho

Birthplace of mother (State or country) _____

Principal cause of death: _____

Hydrocephalus - Spina bifida

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

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 Dr. P. C. Quistgard

Address of physician 6944 Prospect

Signature of Registrar M. M. Brown Date filed 7/11/34

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.

Reg. Dist. No.

Primary Reg. Dist. No.

Very truly yours,

E. T. McGaugh M.D.
S.C.

Special Agent.

JAN 24 1935

S-29350

RECEIVED
JAN 30 1935
THE STATE BOARD OF HEALTH
OF MISSOURI