

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

Do not use this space.

32985

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Lebanon Primary Registration District No. 1092 Registered No. 4323
 City Keosauqua (No. St. Joseph's Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4524 Liberty St., 0 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 M. 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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) Kansas City, Mo

13. NAME Joe Laschitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Barbara Waterman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Joe Laschitz
4524 Liberty

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE 9-28-34

19. UNDERTAKER (ADDRESS) John A. Muser
11415 E. 15th St

20. FILED 9/24-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1934, to 9-23, 1934

I last saw h. _____ alive on 9-23, 1934. Death is said to have occurred on the date stated above, at 10 a m.

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

Acute Appendicitis Date of onset _____
1218
1219
1214
 Other contributory causes of importance: Suppurative Peritonitis

Name of operation: _____ Date of _____
 What test confirmed diagnosis? Appendectomy 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? _____

If so, specify _____ (Signed) A. J. [Signature], M. D.
 (Address) 135 Riello

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.

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