

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**

Do not use this space.

35038

1. PLACE OF DEATH *Warren*
 County.....*Warren*..... Registration District No.....*884*
 Township.....*Charette*..... Primary Registration District No.....*6176*
 City..... (No.....)..... St..... Ward.....

2. FULL NAME *Lena Pisko*
 (a) Residence, No.....*Common House Northsville*.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *4 yrs. 3 mos. 18 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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *June 3, 1887*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 20th 1934*

7. AGE *47* YEARS *3* MONTHS *18* DAYS
 If LESS than 1 day, hrs. or min.

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. *—*
 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) *New Melle, Mo.*

13. NAME *Pisko*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Miller*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT (ADDRESS) *B. F. Sturm Northsville, Mo.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *New Melle* DATE *Sept 22, 1934*

19. UNDERTAKER (ADDRESS) *Fred W. Lichterly Northsville, Mo.*

20. FILED *Sept 21, 1934* *H. C. Johnson*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 20, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 28, 1938* to *Sept 20, 1934*
 I last saw him alive on *Sept 19, 1934* Death is said to have occurred on the date stated above, at *139* a.m.
 The principal cause of death and related causes of importance were as follows:
92% mitral regurgitation
 Other contributory causes of importance *—*

Name of operation *mitral regurgitation* 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) *H. C. Johnson* M. D.
 (Address) *Northsville Mo*

