

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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FEB 25 1935

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

Do not use this space.

1022

1. PLACE OF DEATH

County Harrison Registration District No. 336
Township ~~Wendover~~ Primary Registration District No. 4199
City Cainsville (No. Cainsville Missouri St. _____ Ward _____)

File No. _____
Registered No. 1

2. FULL NAME

(a) Residence, No. Cainsville Mo. 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>widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 27, 1854</u> | | |
| 7. AGE YEARS <u>80</u> | MONTHS <u>10</u> | DAYS <u>20</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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) (STATE OR COUNTRY) <u>Nova Ves, Bohemia</u> | | |
| MOTHER | 13. NAME <u>Marek</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u> | |
| | 15. MAIDEN NAME <u>unknown</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 17. INFORMANT <u>Miss Anna Skakal</u> (ADDRESS) <u>Cainsville, Missouri</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bohemian Cemetery</u> DATE <u>January 19, 1935</u> | | |
| 19. UNDERTAKER <u>Eddie J. Stokpa</u> (ADDRESS) <u>Cainsville, Missouri</u> | | |
| 20. FILED <u>2/19</u> 19 <u>35</u> <u>B. B. Olin</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935 to Jan 17, 1935.
I last saw her alive on Jan 17, 1935. Death is said

to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

Arterial Haemorrhage Date of onset

Other contributory causes of importance:
Arteriosclerosis of fal

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) N. S. Duff, M. D.
(Address) Cainsville Mo.

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