

JUN 28 1935

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

Do not use this space.

17544

1. PLACE OF DEATH

County *St. Charles*
Township *Levee*
City *Bluff Hill* (No.)

Registration District No. *760*
Primary Registration District No. *5999*

File No.
Registered No. *38* Ward

2. FULL NAME

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *21* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 18 - 1885

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

57

8

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Day laborer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Bardonia

10. NAME OF FATHER

William Koresky

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Josephville

12. MAIDEN NAME OF MOTHER

Amptmayer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Josephville

14. INFORMANT

(Address)

*Anna Koresky
Bluff Hill, Mo*

15. FILED

1935

W. C. ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 8th 1935

17.

I HEREBY CERTIFY That I attended deceased from *May 1st 1935* to *May 8th 1935* that I last saw her alive on *May 8th 1935* and that death occurred, on the date stated above, at *11:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY)

1/2

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Urinary Examination*

(Signed) *W. C. ...* M. D.

5710 .1935 (Address) *Bright City Mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bluff Hill Mo

5-11 1935

20. UNDERTAKER

ADDRESS

W. C. ...

Bluff Hill Mo

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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