

JUL 1 1935

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

Do not use this space.

18751

1. PLACE OF DEATH

County Texas Registration District No. 863
Township Piney Primary Registration District No. 6137
City Houston (No. _____) St. _____ Ward _____

File No. 16

Registered No. _____

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 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1935, to 5-15, 1935

I last saw her alive on 5-15, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1868

to have occurred on the date stated above, at 11:40 p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 66 9 22

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

Progressive sarcomatous cancer undetermined Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) 7-3-32 11. Total time (years) spent in this occupation 40

Other contributory causes of importance: 77

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME John Goodberlet

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Mary Swarty

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Ambrose Moraski Houston Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul cemetery DATE 19

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) St. Louis Mo Baylors & Elliot Houston Mo

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 5-17 1935 J. P. Moraski Registrar

(Signed) J. P. Moraski, M. D.

(Address) Houston, Tex.

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.

WRITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

