

AUG 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85
1001

Township

Primary Registration District No.

City St. Joseph,(No. 5816 Lake Avenue)

File No.

22144

Registered No.

693

St. _____ Ward)

2. FULL NAME Mary Nakoneczny(a) Residence, No. 5816 Lake Avenue St., _____ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Paul Nakoneczny

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

August 10, 1888.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

461021

OCCUPATION

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)

11. Total time (years) spent in this occupation

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

Unknown
Poland

MOTHER / FATHER

13. NAME

Unknown

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

Unknown
Unknown

15. MAIDEN NAME

Unknown

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

Unknown
Unknown

17. INFORMANT

(ADDRESS) Paul Nakoneczny
5816 Lake Avenue

18. BURIAL, CREMATION, OR REMOVAL

Mount Olivet CemtPLACE St. Joseph, Mo. DATE July 3. 1935

19. UNDERTAKER

(ADDRESS) H. O. Sidenfaden
1802 Union Street St. Joseph, Mo.

20. FILED

7-2- 1935 John K. Kender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1. 1935

22. I HEREBY CERTIFY, That I attended deceased from

12-2- 1934 to July 1, 1935I last saw her alive on July 1, 1935 Death is saidto have occurred on the date stated above, at 9:00 AM

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

Date of onset

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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.

Cerebral & Liver
Alcoholic7 months

Other contributory causes of importance:

not any!
124a

Name of operation _____ 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) Fredrick Woodson, M. D.(Address) 216 1/2 W. Mo. ave

