

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

Do not use this space.

22846

1. PLACE OF DEATH

County Remond 26 1935
Township Bearduk
City Montrose (No., St. Ward)

Registration District No. 312
Primary Registration District No. 5494

File No.
Registered No. 11
St. Ward)

2. FULL NAME Mary Fursuk

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 John Fursuk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 15

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) Ill.

MOTHER FATHER 13. NAME Chas Kern

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

15. MAIDEN NAME Flaxbeard

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

17. INFORMANT John Fursuk
(ADDRESS) Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE July 23 35

19. UNDERTAKER (ADDRESS) Welling Bros

20. FILED July 22 1935 J. M. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1935

22. I HEREBY CERTIFY That I attended deceased from 7-31-34, 19... to 7-15-35, 19...

I last saw her alive on 7-19-35, 19... Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

Myocarditis, ch

Date of onset

Other contributory causes of importance:

hypertension

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) W. H. Wells, M. D.

(Address) Appleton City, 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.

1932

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1867

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