

DEC 11 1935

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

35169

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo. (No. 410 E. Missouri)

St. _____ Ward _____

2. FULL NAME Margaret Dulake(a) Residence, No. 410 E. Missouri 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 Divorced
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 18927. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 10 24

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

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) Goff Kansas13. NAME Frederick J. Schafer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa15. MAIDEN NAME Minnie Mae Avery16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blair Nebr.17. INFORMANT Clarence Dulake (ADDRESS) Goff, Kans.18. BURIAL, CREMATION, OR REMOVAL PLACE Goff, Kans. DATE 11-4-3519. UNDERTAKER FLEEMAN & SON INC. (ADDRESS)20. FILED NOV 4 1935 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1935, to Nov 2, 1935

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Intestinal obstruction of Oct 2812-2-35

Other contributory causes of importance:

Prolonged constipation

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) Anna H. Geis, D.C. M. D.(Address) 2523 Pacific

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

