JAN 15 1936

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

Do not use this space.

38712

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**1. PLACE OF DEATH**

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1385

City St. Joseph (No. 6028 Gordon Ave. St. Ward)

**2. FULL NAME** Rose Ann Tworek

(a) Residence, No. 6028 Gordon Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1932.

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 3 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St. Joseph (STATE OR COUNTRY) Missouri

FATHER

13. NAME Antone Tworek

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

MOTHER

15. MAIDEN NAME Frances Urbaniak

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

17. INFORMANT Antone Tworek (ADDRESS) 6028 Gordon Ave. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph Mo. DATE January 2, 1936

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 12-31-, 1935 John R. Bender Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1935, to Dec 31, 1935

I last saw her alive on Dec 31, 1935. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

| | Date of onset |
|---|---|
| Diabetes Mellitus | about 1933 |
| Other contributory causes of importance: Diabetic Coma | Dec 29, 1935 |

Name of operation ✓ Date of

What test confirmed diagnosis? Urine Was there an autopsy? Chem.

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) H. A. Robertson, M. D.

(Address) St. Joseph 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.