

JAN 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County RAY  
Township RICHMOND  
City RICHMOND (No. ...., St. .... Ward)

Registration District No. 744  
Primary Registration District No. 3035

File No. 40735  
Registered No. 117

2. FULL NAME EDNA RACHKE

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>RALPH RACHKE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR. 13 1976</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>9</u>	DAYS <u>13</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Warsaw  
(STATE OR COUNTRY) Poland

13. NAME Wiel Yegorovich

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

15. MAIDEN NAME Not known

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

17. INFORMANT Ralph Rachke  
(ADDRESS) RICHMOND MO.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE RICHMOND MO. DATE 12/28/35, 19...

19. UNDERTAKER O. M. Jones  
(ADDRESS) Richmond Mo.

20. FILED 1-9, 1935 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1935, to 12-26, 1935  
I last saw her alive on 12-26, 1935 Death is said to have occurred on the date stated above, at 3 p. m.  
The principal cause of death and related causes of importance were as follows:

Spinal  
Arteriosclerosis  
(type organism)  
thrombosis

Other contributory causes of importance: NAD

Name of operation ..... Date of .....  
What test confirmed diagnosis? Ph. Ex. 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? .....  
If so, specify .....  
(Signed) J. J. Cox, M. D.  
(Address) Richmond Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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