FEB 20 1936

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

Do not use this space.

1534
383

1. PLACE OF DEATH
County Jackson Registration District No. File No.
Township Primary Registration District No. Registered No.
City Kansas City (No. St. Mary Hosp St. ward)

2. FULL NAME Paula Winiarz
(a) Residence, No. 3225 Washington St., Ward
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1920

7. AGE Years 15 Months 7 Days 17 If LESS than 1 day, hrs. or min.

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. none
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) Poland

FATHER
13. NAME Bruno Miniar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Pesleski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Mrs R. Miniar
(ADDRESS) 3225 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary DATE Jan 25, 1936

19. UNDERTAKER Rettig & Son
(ADDRESS)

20. FILED 1-25, 1936 M. M. Gaw, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1936, to 1-24, 1936
I last saw h. alive on 1-23, 1936. Death is said to have occurred on the date stated above, at 1:15 am.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Appendicitis

Other contributory causes of importance:

Generalized Peritonitis

Name of operation Appendectomy Date of 1-18-36
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) James A. [illegible], M. D.
(Address) 81 [illegible]

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.