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.

APR 15 1936

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

Do not use this space.

File No. 9399

Registered No. 405

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No.

City St. Joseph (No. 1904 Clay St. Ward)

2. FULL NAME Mary Katheryn Kulak

(a) Residence, No. 1904 Clay St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Andrew J. Kulak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 9, 1906.

7. AGE: YEARS 29 — MONTHS 3 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

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.: Own Home

10. Date deceased last worked at this occupation (month and year): Mar. 1936.

11. Total time (years) spent in this occupation: 7 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri

FATHER

13. NAME: Vern Trussell

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

MOTHER

15. MAIDEN NAME: Cora Wright

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

17. INFORMANT (ADDRESS): Mr. A. J. Kulak, 1904 Clay Str. ST. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery

PLACE St. Joseph, Mo. DATE March 16, 1936.

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

20. FILED 3-14-1936 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19.., to March 13, 1936

I last saw her alive on March 11, 1936. Death is said to have occurred on the date stated above, at 6:00 A. M.

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

	Date of onset
Pulmonary Tuberculosis	1929

23

Other contributory causes of importance:

Name of operation: Phrenic neurectomy - left — Date of 1931

What test confirmed diagnosis? Sputum — 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) S. C. Senor, M. D.

(Address) St. Joseph, Mo.