

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.

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

Do not use this space.

JUN 17 1936

19604

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City K.C. (No. Memorial Hosp.) St. _____ Ward _____
 File No. _____ Registered No. 2562

2. FULL NAME

Anna Eliek
 (a) Residence, No. 2634 Wabash 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 <u>fr</u>	4. COLOR OR RACE <u>wh</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>Sam. Eliek</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>X</u>	DAYS <u>X</u>
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) (STATE OR COUNTRY) <u>Poland</u>		
13. NAME <u>Louis Monick</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
15. MAIDEN NAME <u>Ruba Napostki</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
17. INFORMANT (ADDRESS) <u>Sam Eliek</u> <u>2634 Wabash</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE: <u>McCannell Ave</u> DATE: <u>5-25-36</u>		
19. UNDERTAKER (ADDRESS) <u>H. Tegenman & Sons</u> <u>11 E. 12th</u>		
20. FILED <u>May 25 1936</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1936, to May 24th, 1936
 Last saw her alive on May 24, 1936 Death is said to have occurred on the date stated above, at 11:59 a.m.
 The principal cause of death and related causes of importance were as follows:
Memoria
Hypostatic Pneumonia
 Date of onset 10

Other contributory causes of importance:
Chr. Myocarditis
Chr. Intestinal Hepatitis
Hypertension

Name of operation Physiologic Date of _____
 What test confirmed diagnosis? X-ray 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) Joseph Retulsky, M. D.
 (Address) 1209 Reatta Bldg.

