

JUL 16 1936

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

Do not use this space.

22004

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

File No.
Registered No. 767

2. FULL NAME

Etta J. Kish

(a) Residence, No. 418 No. 16th. St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	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) Feb. 21, 1909		
7. AGE YEARS 27	MONTHS 3	DAYS 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator.		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Telephone Co.		
10. Date deceased last worked at this occupation (month and year) Dec. 1935		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott City, Kansas

13. NAME Otis P. Kish

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Mo.

15. MAIDEN NAME Jessie A. Sickler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Mo.

17. INFORMANT (ADDRESS) Dr. O. P. Kish 418 No. 16th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE June 3, 1936

19. UNDERTAKER (ADDRESS) Walter Meinhofer 1302 Farson St. St. Joseph, Mo.

20. FILED June 27 1936 J. Nester Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936 19

22. I HEREBY CERTIFY That I attended deceased from April 29 to May 31 1936
I last saw her alive on May 31 1936 Death is said to have occurred on the date stated above, at 5.00 m. A.M.
The principal cause of death and related causes of importance were as follows:

Embolism mesenteric artery
Date of onset
Other contributory causes of importance:
Chronic nephritis, intra
Chronic mesoconditis

Name of operation Hygrosclerotomy Date of 5-16-36
What test confirmed diagnosis? Path. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred 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) Frank J. Van Lege M. D.
(Address) Kirkpatrick Bldg. St. Joseph, 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.

MARGIN RESERVED FOR PRINTING

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V. S. NO. 2
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