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.

OCT 20 1936

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

Do not use this space.

33703

File No.

Registered No. 1172

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. 510, Virginia St. Ward)

2. FULL NAME Paul Rompola

(a) Residence, No. 510 Virginia St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? 31 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1879.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coal Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leavenworth, Kansas.

10. Date deceased last worked at this occupation (month and year) 1925.

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY) Poland

FATHER

13. NAME UNKNOWN

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Stanley Rompola
(ADDRESS) 510 Virginia Str. St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
PLACE St. Joseph, Mo. DATE Sept. 14 1936

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

20. FILED Sept 14 1936 H. J. Mettlebach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1936, to Sept 11, 1936

I last saw him alive on Sept 11, 1936. Death is said to have occurred on the date stated above, at 8:10 P.m.

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

	Date of onset
Acute uremic poisoning	Sept 8

Other contributory causes of importance:

Chronic interstitial nephritis	about 2 yrs ago

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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) H. A. Robertson M. D.

(Address) St. Joseph Mo