

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

Do not use this space.

OCT 23 1936

38536 ⁷

1. PLACE OF DEATH

County Craig
Township Berkton
City ~~London~~ (No. _____)

Registration District No. 639
Primary Registration District No. 4283
5912

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Mary Tomek

(a) Residence, No. _____ 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. 11 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Joseph W. Tomek</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11 1891</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>5</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to, 1926, to Oct 1st, 1936. I last saw him alive on Oct 1st, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
Brain & skull, liver and abdomen
from Dr. Paussig & Bennett
Washington U clinic

Date of onset _____

Other contributory causes of importance: _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chambers MO</u>
	13. NAME <u>John Kremer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chacho Slovake</u>
	15. MAIDEN NAME <u>Mary Dabana</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chaco Slovake</u>
	17. INFORMANT <u>Joseph Tomek</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chambers</u> DATE <u>Oct 7</u> 19 <u>36</u>	
19. UNDERTAKER <u>Seaton Pewitt</u>	
20. FILED <u>Oct 5</u> 19 <u>36</u> <u>Esther Sorder</u> Registrar.	

Name of operation Pat's her a business Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) A. J. Burmeister M. D.
(Address) Chambers MO

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.

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1. PLACE OF DEATH

County Osage

Registration District No. 639

File No.

Township Benton

Primary Registration District No. 5848

Registered No.

City

(No., Ward)

St. Ward)

2. FULL NAME Mrs Mary Jones

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1936

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

22. I HEREBY CERTIFY, That I attended deceased from, 19..... to, 19.....

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

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at, m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 45 5 23

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

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

Cancer of skull, liver and stomach from Dr. Tansing & Barrett Washington U.

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

Other contributory causes of importance:
Blending physician dead. No information concerning primary death

13. NAME

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER (ADDRESS)

If so, specify
(Signed) L. F. Briesmayer M. D.
(Address) Chambers

20. FILED 10-5 1936 Esther Souder Registrar.

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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